

**UNITED STATES POLICE CANINE ASSOCIATION**  
**2015 MEMBERSHIP APPLICATION**  
**REGION #15**

New Membership       Renewal       Dual Membership

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name as it should appear on Certificates: \_\_\_\_\_

**Law Enforcement Affiliation:**

Agency: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Position:** Handler  Trainer  Administrator  Other: \_\_\_\_\_

Assignment: Patrol  Narcotic  Explosive  Arson  Cadaver  Search & Rescue  Other: \_\_\_\_\_

Canine Breed: \_\_\_\_\_ Canine Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Membership Type:** Regular  Associate  Special  Honorary

U.S.C.P.A. Certified Nation Judge # \_\_\_\_\_ U.S.P.C.A. Certified Trainer: Level \_\_\_\_\_

**Beneficiary for Death Benefit:**

Address same as member

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: If Different \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you on Facebook or Twitter? Facebook  Twitter

Are you interested in Judging? If yes: PD1  Detector  Tracking

Are you a trainer? If Yes: USPCA Certified  or in accordance to AG guidelines

Please review the application and assure that it is filled out completely, with signature. Enclose a check or money order payable to USPCA Region 15. (One- year dues: January 1 – December 31) 1 – year membership \$50.

**Mail to: Jimmy Clark Region 15 Secretary 23 Bromley Drive Sicklerville NJ 08081**