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The United States Police Canine Association, Inc.



Region 15

Membership Application for 2017

Renewal: _____ New: _____ Associate: _____ Special: _____ Dual: _____ Life: _____
 Name: _____ Home Telephone: _____
 Address: _____ Cell Number: _____
 C/S/Z: _____ Date of Birth: _____
 Email address: _____
 Agency: _____ Work Telephone: _____
 Address: _____ C/S/Z: _____
 Number of years employed: _____

Rank: _____ Assignment (Handler/Trainer/Admin/Retired): _____

K-9 Name: _____ Breed: _____ Age: _____

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Patrol Trained: _____ Narcotic Trained: _____ Explosive Trained: _____ Other: _____

List Approximate Dates & Agency where basic/advanced training was completed:

USPCA Certified Region Judge? Yes No If yes, what type? _____

USPCA Certified National Judge? Yes No If yes, what type & number _____

USPCA Certified Trainer? Yes No If yes, what level? _____

Death Beneficiary Information for Line of Duty death only:

Name: _____ Telephone: _____

Address: _____ C/S/Z: _____

Relationship: _____

Signature: _____ Date: _____

Approval of this application provides yearly membership from January to December. Please fill it out completely & legibly and send it with a check for \$50 payable to the United States Police Canine Association, to:

USPCA
23 Bromley Drive
Sicklerville, NJ 08081

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