

The United States Police Canine Association, Inc.

Region or District _____ Membership Application 20____
(PLEASE TYPE OR NEATLY PRINT ALL INFORMATION. PLEASE INCLUDE AN E-MAIL ADDRESS)

Renewal: New: Associate: Special: Dual:

Name: _____ Home Telephone: _____
Address: _____ Pager Number: _____
C/S/Z: _____ Date Of Birth: _____
E-mail address: _____
Agency: _____ Work Telephone: _____
Address: _____ FAX: _____
C/S/Z: _____ Number Of Years Employed: _____

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

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

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

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

List Approximate Dates & Agency Where Basic Or Advanced Training Was Completed:

(If necessary use reverse side for additional information)

USPCA Certified Region Judge? Yes No If Yes, What Type? (PDI, PDII, Detector)
USPCA Certified National Judge? Yes No If Yes, What Type and National Number? (PDI, Detector)
USPCA Certified Trainer? Yes No If Yes, What Level?

Death Beneficiary Information (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 **\$40.00**, payable to United States Police Canine Association, to:

USPCA
Melinda Ruopp, National Secretary
1575 Wallace Ave.
Marshalltown, IA 50158