

# The United States Police Canine Association, Inc. Region Three

2009 - Membership Application - 2009

**(PLEASE TYPE OR NEATLY PRINT ALL INFORMATION. PLEASE INCLUDE AN E-MAIL ADDRESS)**

Renewal:    New:    Associate:    Special:    Dual:    (Primary Region:    )

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Agency: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 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**, (check/money order), payable to USPCA Region Three, to:

USPCA Region Three  
2726 North Wyoming St.  
Arlington, VA 22213