



The United States Police Canine Association, Inc.



Region _____ Membership Application for 20 _____

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: _____

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

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 Region 5, to:

USPCA Region 5
521 Bob Court Dr
Evansville, IN 47711