



# The United States Police Canine Association, Inc.



## Region 19

## 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: \_\_\_\_\_

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 in U.S. Funds to USPCA Region 19 Inc., to:

USPCA Region 19 Inc.  
 PO Box 2507  
 Birmingham, MI 48012