

The United States Police Canine Association, Inc.

Region 18 Membership Application for year 20_____

_____Renewal _____New _____Associate _____Special _____Dual

If membership is dual, what is your primary membership region? _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

C/S/Z: _____ Date Of Birth: _____

E-mail address: _____

Agency: _____ Work Telephone: _____

Address: _____ Number Of Years Employed: _____

C/S/Z: _____ 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:

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? _____

USPCA Certified Trainer? Yes No If Yes, What Level? _____

Death Beneficiary Information (Line of Duty Death Only):

Name: _____ Telephone: _____

Address: _____ Relationship: _____

C/S/Z: _____

Signature: _____ Date: _____

Approval of this application provides yearly membership from January through December. Please send it with a check for **\$40.00 (\$15.00 if you are a dual member & your primary region is not 18)**, payable to

United States Police Canine Association Region 18, to:

**Officer Nicole Rasmussen
Canine Unit
St. Paul Police Department
367 Grove St.
St. Paul, MN 55101**

Membership is subject to acceptance and approval of the Region and National USPCA