



# The United States Police Canine Association, INC



## Region 14

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: \_\_\_\_\_

Work 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: ☐ Narcotics Trained: ☐ Explosive Trained: ☐ Other: \_\_\_\_\_

List Approximate Dates and Agency where Basic/Advanced Training was Completed :

USPCA Certified Judge? Yes ☐ No ☐ If Yes, What Type? \_\_\_\_\_

USPCA Certified National Judge? Yes ☐ No ☐ If Yes, Type/Judge Number? \_\_\_\_\_

USPCA Certified Trainer? Yes ☐ No ☐ If Yes, What Level ? \_\_\_\_\_

Death Beneficiary Information fo Line of Duty Death Only:

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_ C/S/Z: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of this application provides yearly membership to the United States Police Canine Association from date of approval to December 31 of the same calender year. Please fill out completely and legibly and send it with a check for \$50.00 Payable to the USPCA Region 14 and Mail to:

USPCA Region 14 / CO Jory Shoopman  
1934 Wyott Drive, Suite 100  
Cheyenne, Wyoming 82002