National Police Canine Association

Membership Application

Application for Month	year 20 State:
++check one ++	New Membership Renewal Membership
MAILING ADDRESS:	
CITY:STA	TE:ZIP:
K-9's NAME:	AGE:BREED:
AGENCY:	RANK:
YEARS OF K-9 EXPERIENCE:	
AGENCY ADDRESS:	
CITY:ST	ATE:ZIP:
PHONE: (home)	(cell)
E-MAIL ADDRESS	
Regular K-9 (\$50.00)As Individual Corporate(\$100.0	of Membership (circle one) sociate (\$50.00)Support (\$250.00) 00)Business Corporate(\$300.00) ions are \$30.00 each
(please mark al NarcoticsPatrolHuman (ExplosivesTrackingTrailin	I that you are certifying in) ConcealmentHandler ProtectionWildlife ngSRTGunCurrencyContraband Human Remains
information please contac	readable, otherwise it can not be processed. For further et via www.npca.net or 623-546-3629.
APPLICATION MUST BE COM	MPLETE AND SUBMITTED WITH DUES

Forward to: N.P.C.A. **Katy Farnsworth** P.O. Box 538 Waddell, AZ 85355