

**THE UNITED STATES POLICE CANINE ASSOCIATION, INC.**  
**APPLICATION FOR MEMBERSHIP 20\_\_**

**Region # 7**

**IS THIS A DUAL MEMBERSHIP?** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Police/Military/or Law Agency employed by: Full Address and phone number.

Agency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Rank \_\_\_\_\_ # of Years Employed \_\_\_\_\_

Position: \_\_\_ Handler: \_\_\_ Trainer: \_\_\_ Administrator: \_\_\_ Other \_\_\_\_\_

Breed of Dog \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Circle type of work-----Patrol---Narcotics---Explosive---Other \_\_\_\_\_

Breed of Dog \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Circle type of work-----Patrol---Narcotics---Explosive---Other \_\_\_\_\_

Type of training course attended or type of training you have received up to the present time:

Describe in brief \_\_\_\_\_

Type of membership: \_\_\_\_\_ Renewal \_\_\_\_\_ New Membership

Regular \_\_\_\_\_ Associate \_\_\_\_\_ Honorary \_\_\_\_\_ Special \_\_\_\_\_

U.S.P.C.A. Certified National Judge: Yes \_\_\_\_\_ No \_\_\_\_\_

U.S.P.C.A Certified Trainer: Yes \_\_\_\_\_ No \_\_\_\_\_

**For Regular or Associate Members:**

Relationship \_\_\_\_\_ of Beneficiary for Death Benefit.

Name \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please check that the application is filled out completely with signature. Forward with a \$40.00 check (for one year's dues, Jan 1<sup>st</sup> to Dec 31<sup>st</sup>) made payable to the United States Police Canine Association, Inc.

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

Mail to:  
Art Rescigno  
447-17th Street  
West Babylon, NY 11704