

THE UNITED STATES POLICE CANINE ASSOCIATION, INC.  
APPLICATION FOR MEMBERSHIP FOR 2010

REGION 19

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

POLICE/MILITARY OR LAW AGENCY EMPLOYED BY: FULL ADDRESS AND PHONE

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

COUNTRY : \_\_\_\_\_ POSTAL CODE:: \_\_\_\_\_

PRESENT RANK: \_\_\_\_\_ # YEARS EMPLOYED: \_\_\_\_\_

POSITION: HANDLER TRAINER ADMINISTRATOR OTHER: \_\_\_\_\_  
(CIRCLE WHICH APPLIES)

BREED OF DOG: \_\_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CHECK TYPE OF WORK: PATROL NARCOTICS EXPLOSIVE ARSON OTHER: \_\_\_\_\_  
(CIRCLE WHICH APPLIES)

TYPE OF TRAINING COURSE ATTENDED OR TYPE OF TRAINING YOU HAVE RECEIVED:  
(DESCRIBE IN BRIEF)

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF MEMBERSHIP: RENEWAL NEW MEMBERSHIP  
(CIRCLE WHICH APPLIES)  
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 OF DEATH BENEFIT.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PLEASE PRINT CLEARLY AND SIGN BELOW. FORWARD WITH A \$40.00 CHECK (ONE YEAR'S DUES, JANUARY 1 TO DECEMBER 31) MADE PAYABLE TO THE U.S.P.C.A. REGION 19. Checks must be payable in U.S. Funds.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAIL TO: **USPCA Region 19**  
**Raymond Kerimian**  
**P.O. Box 32659**  
**Detroit, MI 48232**  
**USA**