

National Law Enforcement Canine Organization

Membership Application

_____ Active Membership (\$40.00)
_____ Associative Membership (\$30.00)
_____ Corporate membership (\$50.00)

Date: _____

Member Info:

Last name _____ First _____ MI _____
Home Address _____ City _____ State _____ Zip _____
Phone Numbers (H) _____ (W) _____ (C) _____
Date of Birth _____ Drivers License Number _____
Years in Law Enforcement _____ Years working a K-9 _____ Years instructing K-9 _____
Certifications with K-9 _____ Email Address _____

Agency Info:

Agency _____ Address _____
City _____ State _____ Zip _____ - Phone number _____
Send my mail to: _____ Agency _____ Residence _____

Canine Info:

K-9 Name _____ Breed _____ Age _____ Sex _____ Color _____
Function: (Circle all that apply) **Patrol** **Narcotics** **Explosive** **Tracking** **Other**
K-9 Name _____ Breed _____ Age _____ Sex _____ Color _____
Function: (Circle all that apply) **Patrol** **Narcotics** **Explosive** **Tracking** **Other**

Any other information you feel is important for us to know in considering your application:

My signature below certifies that the above statements are true to the best of my knowledge and that I meet the entire criterion for membership for this organization.

Applicant's signature _____

Printed name as signed _____

**The membership committee will review your membership application
and you will be notified of the committee's decision.**