

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

LAW ENFORCEMENT AGENCY or SEARCH & RESCUE

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____ No. Years Employed: _____

CHOOSE YOUR AFFILIATION (Fill with an (X))

Handler: _____ Trainer: _____ Administrator: _____

CANINE INFORMATION

Name: _____ Age: _____ Breed: _____ Male: _____ Female: _____

Years of Service: _____ Training/Prior Certifications: _____

ASSIGNMENT

Patrol/Narcotics: _____ Patrol Only: _____ Narcotics Only: _____ Tracking/Trailing: _____

Explosives: _____ Other(Specify): _____

TYPE OF MEMBERSHIP

New: _____ New Associate: _____ Renewal: _____

PLAN TO CERTIFY IN FOLLOWING AREA(S):

Patrol/Narcotics: _____ Patrol Only: _____ Narcotics Only: _____ Tracking/Trailing: _____

Explosives: _____ Other(Specify): _____

METHOD OF PAYMENT

CHECK CASH AGENCY PAYMENT

REGISTER WITH FEE PAYMENT 30 DAYS PRIOR TO CERTIFICATION DATE

NCPDA dues are **Forty-Five Dollars (\$45.00)** per year. Make check payable to the

North Carolina Police Dog Association and send to the name and address below:

Contact: NCPDA Secretary/Treasurer **Mailing Address:** PO Box 1584, Taylorsville, NC 28681

E-Mail: info@ncpdassociation.com

COMMUNITY COLLEGE HOSTING CERTIFICATION _____