



# KANSAS POLICE DOG ASSOCIATION

## APPLICATION FOR MEMBERSHIP

(Please print or type clearly)

### Applicant's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Cellular: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Pager: \_\_\_\_\_

### Position

Handler \_\_\_\_\_  
Trainer \_\_\_\_\_  
Supervisor \_\_\_\_\_

### Agency Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

### Type of Membership

New: \_\_\_\_\_ Renewal: \_\_\_\_\_  
Active Member \_\_\_\_\_ (Dues \$35/yr)  
Associate Member \_\_\_\_\_ (Dues \$35/yr)  
Corporate Member \_\_\_\_\_ (Dues \$50/yr)

Brief History of Applicant's Training and Experience: (attach additional page, if necessary)

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

### Canine Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Please check each area for which your canine has been trained:

Patrol: \_\_\_\_ Narcotics: \_\_\_\_ Explosives: \_\_\_\_ Tracking: \_\_\_\_ Arson: \_\_\_\_ Cadaver: \_\_\_\_ Other \_\_\_\_

Brief History of Canine's Training and Experience: (Attach additional page if necessary and include other dogs currently handled by you)

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

All Dues are renewable on March 1<sup>st</sup> of the calendar year. Dues for Active Members and Associate Members are thirty-five (\$35) dollars per year. Dues for Corporate Members are fifty (\$50) per year. Forward a check made **payable** to the **Kansas Police Dog Association** to the address below:

Augusta Department of Public Safety  
Attention Sergeant Chad McCluskey – K9 Unit  
2100 N. Ohio Street  
Augusta, Kansas 67010

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