



MEMBERSHIP APPLICATION

(Please Print)

Date _____

Name _____

Home Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Number _____

Agency _____ Rank _____

Agency Address _____

Agency City _____

Agency State _____ Zip Code _____

Work Phone _____

E-Mail Address _____

Dogs Name _____

Breed _____

Assignment:

Patrol

Drug Detection

Tracking

Explosive Detection

Type of Membership:

Individual

Associate

(Circle one)

MEMBERSHIP DUES \$40.00

P.O. Box 2229, Arvada, CO 80001