

FOOTHILLS K-9 ASSOCIATION



APPLICATION FOR MEMBERSHIP

Please **PRINT CLEARLY** to avoid delays in processing your application.

Applicant Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell: _____
Email: _____

Type of Membership:

New: _____ Renewal: _____
Active: \$35 Law Enforcement active/retired
Associate: \$35 Public
Lines 1 to 5 only

Law Enforcement Agency Information:

Current Rank: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone Number: _____
Nextel ID: _____ Pager: _____

Position: (check one)

Handler Administrator
Past Handler Trainer
Examiner Supervisor
Officer/Non K-9

K-9 Information:

Name: _____ Breed: _____
Age: _____ K-9's years of service: _____ Last Certified: _____

Certifications: (please check all that apply)

Patrol Narcotics Tactical Tracking Arson Evidence Recovery
 Human Remains Recovery Search and Rescue Explosives Building Searches
 Corrections

If paying by Visa, Master Card, American Express or Discover Card, you MUST COMPLETE the following:

Type of Credit Card: Visa Master Card Discover American Express
Name as it appears on Credit Card: _____
Billing Street Address (street address only) of card holder: _____
Credit Card Number: _____ Last 3 digits on back side of card after card number: _____
Expiration Date of Credit Card: _____

❖ All applications are subject to a background check for authenticity and integrity. By submitting this application you agree that all information is correct and truthful to the best of your knowledge.

I, the undersigned, hereby join agreeing that The Association, trainers, officers and members shall not be held responsible for any personal injury, injury to my animal or damage to personal or department property during exercises and/or demonstrations held by The Association. I agree to abide by all Association rules and regulations.

Signed: _____ Dated: _____