

LOS ANGELES COUNTY POLICE CANINE ASSOCIATION

L.A.C.P.C.A
P.O. Box 221928
Newhall, CA. 91322



President: Sarah Lewis
E-mail: LACPCA@yahoo.com

MEMBERSHIP APPLICATION

| | |
|------------------------|---|
| General | Name _____ Email _____ Address _____ City _____ Zip _____ Phone _____ Cell _____ |
| Agency | Agency _____ Address _____ City _____ Zip _____ Phone _____ Years of Service _____ Years as K9 _____ Your Rank: Officer <input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| Vendor | Company _____ Address _____ City _____ Zip _____ Phone _____ Email _____ Your Position: Trainer <input type="checkbox"/> Handler <input type="checkbox"/> Supervisor <input type="checkbox"/> Other <input type="checkbox"/> _____ |
| Partner | Name _____ Age _____ Years of Service _____ Breed: GSD <input type="checkbox"/> Bloodhound <input type="checkbox"/> Lab <input type="checkbox"/> Dutch <input type="checkbox"/> Mal <input type="checkbox"/> Other <input type="checkbox"/> _____ Specialty: Patrol <input type="checkbox"/> Narcotics <input type="checkbox"/> Explosives <input type="checkbox"/> Cadaver <input type="checkbox"/> Scent <input type="checkbox"/> SAR <input type="checkbox"/> Other <input type="checkbox"/> _____ Last Date of Certification _____ Call Sign _____ |
| Membership Fees | New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Lifetime Membership <input type="checkbox"/> <input type="checkbox"/> Regular Membership - \$25.00 (Any full-time Police Officer employed by any governmental agency that is or was a K9 Handler, Trainer or a Supervisor) <input type="checkbox"/> Associate Membership - \$15.00 (Any person interested and supportive of K9 or a private non-police handler) <input type="checkbox"/> Lifetime Membership - \$ 100.00 (Any full-time Police Officer with two years as a Regular Member) Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ Amount \$ _____ Date _____ <p style="text-align: center;">Make payable to LACPCA, PO Box 221928, Newhall, CA 91322</p> |
| Office | _____ _____ _____ |