

# LOS ANGELES COUNTY POLICE CANINE ASSOCIATION

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



**President: Atilano Mayorga**  
**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)	
Office	<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 _____	
	<b>Make payable to LACPCA, PO Box 221928, Newhall, CA 91322</b>	