

Payment Date: \_\_\_\_\_ Cash  PayPal  Check  Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

\*\*\*\*\*PLEASE SEND FORM WITH PAYMENT\*\*\*\*\*



# WASHINGTON STATE POLICE CANINE ASSOCIATION

4227 South Meridian, PMB 118  
Puyallup, WA 98373

## APPLICATION FOR MEMBERSHIP (rev.4-24-16)

**Requirements: Regular membership** to this Association shall be open to any active, full-time commissioned law enforcement officer, either state, county, municipal or correction officers or federal law enforcement personnel who have a canine assignment in the state of Washington, who have passed their respective basic academy.

**Membership Type:** Regular \_\_\_\_\_ Associate \_\_\_\_\_ For Year \_\_\_\_\_

**Membership:** \$50.00 January 1<sup>st</sup> to December 31<sup>st</sup> each year  
(per Bylaws revised on 10-22-13)

### FORM MUST BE COMPLETED TO BE VALID.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: \_\_\_\_\_ A-Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Handler: \_\_\_\_\_ Trainer: \_\_\_\_\_ Quarry: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Patrol: \_\_\_\_\_ Narcotic: \_\_\_\_\_ Explosive: \_\_\_\_\_ Other: \_\_\_\_\_

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

**Associate Membership (out of state or military K-9 officers, non K-9 Washington commissioned officers):** The agency you work for must supply the WSPCA with a letter verifying that you are a full-time commissioned officer and that you are assigned to work with canine. The letter must be signed by the agency head and accompany this application.

**If paying by PayPal, scan and send application with receipt to WSPCA Secretary at  
K9sayno@aol.com**