



MEMBERSHIP APPLICATION FOR YEAR 20__

Name: _____ Title: _____

Department: _____ Work phone: _____

Address: _____

Years of service: ____ Email: _____

Home Phone: _____ Cell: _____

Certification Level:

- Master Trainer Trainer Handler
 Decoy K9 Supervisor Associate

K-9 Handler information (Required for any Handler Certification)

K-9 Name: _____ Breed: _____ Age: ____

- Patrol Narcotics Explosives
 Cadaver Sar Accelerant
 Trailing Wildlife Electronic

Please note any previous schools or trainings:

Please make any check payable to VPCA in the amount \$35, and mail to:

78 W. LEE ST

WARRENTON, VA 20186

ATTN: JAMES ARRINGTON