



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 checks payable to VPCA in the amount of \$35 and mail to:

VPCA
ATTN: JAMES ARRINGTON
78 W. LEE ST
WARRENTON, VA 20186