

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

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



**IDAHO POLICE CANINE ASSOCIATION  
PO BOX 448  
WINCHESTER ID, 83555**

**APPLICATION FOR MEMBERSHIP  
(rev.05-12-2015)**

**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 Idaho, who have met the requirement of the Idaho Post Academy.

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

**Membership:** \$50.00 January 1<sup>st</sup> to December 31<sup>st</sup> each year  
\$150.00- for three or more k9 teams, All K9 registrations must be sent together.

**Associate Membership-** \$20.00

**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: \_\_\_\_\_

I affirm that all information provided on this Document is true and accurate.

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

**Associate Membership (out of state or military K-9 officers, non K-9 Idaho commissioned officers):** The agency you work for must supply the IPCA 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.