Western States Police Canine Association

Working Dogs……Making Our Jobs Safer

Application: New____ Annual____ Associate____ Renewal____

Name: _____
First Last

Canine's Name: _____ **Breed:** _____ **Male:** _____ **Female:** _____

Deployment: _____**Patrol** _____**Narcotics** _____**Explosives** _____**Other**

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Cell Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____

Email Address: _____

Initiation Fee $25.00 _____ **Annual Dues $25.00** _____ **Associate Dues $15.00** _____

New members must pay <u>both</u> Initiation and Dues the first year. Then just Dues fee thereafter.

I do ___ do NOT ___ want to be included in the membership roster (released ONLY to other WSPCA members). If you want to limit information for release, please include that information you DO NOT want released. If "NOT" is marked, all correspondence will be sent to your department address.

Signature: _____**Date:** _____

SEND COMPLETED APPLICATION AND DUES TO: Western States Police K9 Assoc.
1525 Sheldon Drive
Modesto, CA 95350
Email Questions to: wspca@yahoo.com