

# North American Police Work Dog Association

"DEDICATED TO ASSISTING POLICE WORK DOG TEAMS THROUGHOUT THE WORLD"

## MEMBERSHIP APPLICATION INVOICE

**Annual Dues: Regular and Associate Members - \$45.00 Per Year**

**Regular Member - Answer ALL questions.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone Number: (\_\_\_\_) -\_\_\_\_-\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Mi.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are You a Certified Law Enforcement Officer? Yes  No  Do You have Arrest powers? Yes  No

Are You and the K9 USED by YOUR Law Enforcement Employer (means you are a paid employee)? Yes  No

Are you a Retired law enforcement/military officer? (Retired means collecting a pension from that employment) Yes  No

Police/Law Enforcement Agency Employed by: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) -\_\_\_\_-\_\_\_\_ Position - circle one: Handler, Trainer, Supervisor

## Associate Member - Answer ALL questions.

**Associate Member - MANDATORY - YOU must provide a current Criminal History Record Check covering at least the entire state you reside in, when joining and/or renewing your membership each year.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Phone Number: (\_\_\_\_) -\_\_\_\_-\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Mi.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Regular Member Sponsoring your must sign their name here: \_\_\_\_\_

*(NAPWDA will confirm this signature by calling this regular member)*

Regular Member MUST PRINT their name here: \_\_\_\_\_

**If paying by Visa, Master Card or Discover Card, you MUST COMPLETE the following.**

**Please PRINT CLEARLY to avoid delays in processing your application.**

Type of Credit Card: Visa  Master Card  Discover

Name as it appears on Credit Card: \_\_\_\_\_

Billing Street Address (street address only) of card holder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

3 digit security code on back side of card: \_\_\_\_\_ Expiration Date of Credit Card: \_\_\_\_\_

Send Membership form and fees (payable to NAPWDA) to:  
NAPWDA, 3105 Ford Road, White Lake, Michigan, 48383  
E-Mail: 9k5@comcast.net • Toll Free & Fax: (866) 236-0753