

On Line Application

Please fill in all the blanks, and click the submit button at the bottom of the page to send the application.

Member Information:

Name: _____

Birth Date: _____

E-mail Address: _____

Street Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Phone: _____

Cell Phone: _____

Pager: _____

Employer Information:

Employer Name: _____

Business Phone: _____

Fax Number: _____

Street Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Best Way to Reach You at Work: _____

Medical Information:

Allergies: _____

Blood Type: _____

Medications: _____

Emergency Contacts:

Name 1: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell/Pager Number: _____

Name 2: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell/Pager Number: _____

About Yourself:

Have you ever been convicted of a felony? _____

If yes, please explain:

What experience do you have as a dog trainer/handler?

What else would you like us to know about you?

Quarterly dues are \$10, Yearly dues are \$40

Please make payable to: Tri-State K-9 SAR

Please mail payments to:

Debbie Mapes

214 W. Columbia Avenue

Pontiac, MI 48340