



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

MEMBERSHIP APPLICATION AND RECEIPT

MEMBERSHIP \$55 RENEWAL \$55 RETIRED MEMBER \$30

NAME : (LAST) _____ (FIRST) _____ (M.I) _____

ADDRESS : _____ CITY : _____

STATE : _____ ZIP : _____ EMAIL : _____

DATE OF BIRTH ____/____/____ SSN #: LAST 4 ONLY/_____

CELL phone number: (____)-____-____ SECONDARY phone number: (____)-____-____

AGENCY : _____ ADDRESS: _____

CITY: _____ STATE : _____ ZIP : _____

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT:

APPLICANT'S SIGNATURE : _____ DATE : _____

NAME DEATH BENEFICIARY (and relationship) _____

----- Certifying Official Use Only Below This Line -----

SELECT MEMBERSHIP TYPE

- Active member dues \$55.00 annually, shall be full time paid law enforcement officer, corrections officer local, state or federal including reserve or part time police officer, military, school police.
- Non-Law enforcement member dues \$55.00 annually, licensed private security corporation or employee. Check bi laws to see if you qualify.
- Retired NNDDA member, not working a dog, in good standing with the NNDDA when retiring, \$30.00 annually.

TYPE OF PAYMENT: CHECK # _____ CASH _____ P. O. # _____ OTHER _____

CERTIFYING IN: Narcotics _____ PS Dog _____ Utility _____ Explosives _____ Cadaver _____

MEMBERSHIP FEES: _____ ADDITIONAL FEES: _____

REMARKS ADDED INFO: _____

TOTAL : _____ Collected BY: _____ C/O # _____

Certifying official should mail this completed form and payment to:
Ronnie LaGrone, Treasurer 379 CR 105, Carthage, TX 75633
Make checks payable to: NNDDA