

## THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

Membership Application, *Narcotics Certification*, Receipt Revised 1/2024

Must have proof of membership paid and registration to give to certifying official.

https://nndda.org	FEE:	\$55.00	NEW	RENEWAL	RETIR	ED	
NAME : (LAST)			(FIRST)_		(M.I)		
ADDRESS :				CITY :			
STATE :	ZIP : _		EMAIL :				
DATE OF BIRTH/				SSN #: LAST 4 ONLY/			
CELL phone number: (	)		_ Canine I	Name			
AGENCY:				ADDRESS:			
CITY:			STAT	ΓE :	ZIP:		
MY SIGNATURE BELOW (	ERTIFIES T	HAT THE AB	OVE STATEM	ENT ARE TRUE AND	CORRECT:		
APPLICANT'S SIGNATURE : DATE :							
NAME Of DEATH BENEFIC	CIARY (and r	relationship)_					
(Attention, Certi				Only Below This L on has been filled ou			
MARIJUANA	Pass	Fail	OT	HER	Pass _	Fail	
COCAINE	Pass	Fail	ОТІ	HER	Pass _	Fail	
HEROIN	Pass	Fail	NA _		E DECRONGES		
METHAMPHETAMINE	Pass	Fail	NA _		VE RESPONSES		
CERTIFICATION BOOK NUMBER Remarks							
PASS FAIL	NND	DA	Dept.	State	FEI	D	
Certifying Official(s) _					CO Number(	s)	
TYPE OF PAYMENT: CHECK # CASH				_ P. O. # OTHER			
MEMBERSHIP FEES:		_ REMARK	S ADDED INFO	):			
If Already Member, Last	Date Paid			How was member	ship paid		
FEES COLLECTED BY C/O Number							

FUNDS and EXCEL Sheet to: Ronnie LaGrone, National Treasurer P.O. Box 379 CR 105 Carthage, TX. 75633 PAPERWORK and EXCEL Sheet to: Rhonda Low, NNDDA Secretary P. O. Box 546 Moulton, TX. 77975