****

**Therapy K9 Membership Application**

\_\_\_\_\_ Regular Member \_\_\_\_\_ Associate Member \_\_\_\_\_ New Application \_\_\_\_\_ Renewal Membership

Approval of this application and membership is for one calendar year from sign up date to the following year of same date.

• Certification is valid for one year only, and each certification is for one K9 Team.

• Certification testing is for one canine and one handler (K9 Team), an additional canine can be certified with the same handler but an additional application should be filled out for each additional canine. This does not mean an additional fee.

• Date of certification will be effective when all paper work is complete with background check and is received by the secretary.

• No certification is valid nor will any certificate be issued until all required paper work has been completed and turned into the appointed NOCSAR evaluator or secretary.

• The required paper work is this form completed, a local Law Enforcement Background Check unless active law enforcement, fire fighter, Military or a copy of proof of being with an active search and rescue team. Must supply a copy of proof of listed requirement and $100 membership fee. **Therapy K9** **Membership fee covers NOCSAR member fee, Insurance and ID Badge**. An additional testing fee of $35.00 applies and is due at time of testing. All applicants for membership and for certification must be eighteen (18) years of age.

• Signature below indicates that all information on this document is true to the best of your knowledge. Any deliberate falsifications will result in termination of certification and membership.

Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MI) \_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K9 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trained for: Therapy K9

Payment Type: Check #\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_

Checklist: Are all forms completed? \_\_\_\_ Are all forms signed? \_\_\_\_\_ Is check signed? \_\_\_\_\_

Please ensure that email and phone number is legible