

**NATIONAL ORGANIZATION CERTIFYING SEARCH AND RESCUE
Membership Application**

_____ **Regular Member** _____ **Membership with Insurance** _____ **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 \$25.00 fee for Standard membership or \$50.00 for membership fee and liability insurance. This insurance is **ONLY** for teams who are testing and **ONLY VALID IF YOU PASS YOUR CERTIFICATION**. No refund will be given if you fail test. An additional testing fee of \$20.00 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: Area Search _____, Tracking _____, Trailing _____, HRD _____, Other _____.

Payment Type: Online # _____ Check # _____ Cash _____

SIGNATURE _____ DATE _____

Checklist: Are all forms completed? _____ Are all forms signed? _____
Is check signed? _____ **Please ensure that email and phone number is legible.**