

# LOS ANGELES COUNTY POLICE CANINE ASSOCIATION

**L.A.C.P.C.A**  
**P.O. Box 221928**  
**Newhall, CA. 91322**



**President Bobby Villegas**  
**E-mail: el.mero.nero@gmail.com**  
**Cell: (310) 901-5077**

## MEMBERSHIP APPLICATION

<b>General</b>	Name _____ Email _____ Address _____ City _____ Zip _____ Phone _____ Cell _____
<b>Agency</b>	Agency _____ Address _____ City _____ Zip _____ Phone _____ Years of Service _____ Years as K9 _____ Your Rank: Officer <input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> _____
<b>Vendor</b>	Company _____ Address _____ City _____ Zip _____ Phone _____ Email _____ Your Position: Trainer <input type="checkbox"/> Handler <input type="checkbox"/> Supervisor <input type="checkbox"/> Other <input type="checkbox"/> _____
<b>Partner</b>	Name _____ Age _____ Years of Service _____ Breed: GSD <input type="checkbox"/> Bloodhound <input type="checkbox"/> Lab <input type="checkbox"/> Dutch <input type="checkbox"/> Mal <input type="checkbox"/> Other <input type="checkbox"/> _____ Specialty: Patrol <input type="checkbox"/> Narcotics <input type="checkbox"/> Explosives <input type="checkbox"/> Cadaver <input type="checkbox"/> Scent <input type="checkbox"/> SAR <input type="checkbox"/> Other <input type="checkbox"/> _____ Last Date of Certification _____ Call Sign _____
<b>Membership Fees</b>	New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Lifetime Membership <input type="checkbox"/> <input type="checkbox"/> Regular Membership - \$25.00 (Any full-time Police Officer employed by any governmental agency that is or was a K9 Handler, Trainer or a Supervisor) <input type="checkbox"/> Associate Membership - \$15.00 (Any person interested and supportive of K9 or a private non-police handler) <input type="checkbox"/> Lifetime Membership - \$ 100.00 (Any full-time Police Officer with two years as a Regular Member) Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ Amount \$ _____ Date _____ <p style="text-align: center;"><b>Make payable to LACPCA, PO Box 221928, Newhall, CA 91322</b></p>
<b>Office</b>	_____ _____ _____