

17. If yes, in what field? _____

18. What is your occupation and place of employment?

Occupation _____
Employer's Name _____
Mailing Address _____
City _____ State/Province _____ Zip _____

19. Are you a member of or affiliated with a law enforcement agency? Yes No

Department Name _____
Mailing Address _____
City _____ State/Province _____ Zip _____
 Commissioned Peace Officer Commissioned Reserve/Part time
 Other, specify _____

20. Have you ever been convicted of a felony? Yes No

21. Do you belong to other groups, associations or agencies which use search dogs?
 Yes No If yes, complete #22

22. Name _____
Mailing Address _____
City _____ State/Province _____ Zip _____

Name _____
Mailing Address _____
City _____ State/Province _____ Zip _____

23. Name and Breed of dog(s). List each dog separately; use additional space as necessary:

Name _____ Breed _____

Name _____ Breed _____

24. List current Certifications and Evaluations for both you and your dog(s). Copies may be required for any certification that you claim. Be sure to list each dog separately.

Type	Organization Certified By	Date	Name of Evaluator
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In consideration of the benefits received from the North American Search Dog Network (NASDN) membership, I agree to hold NASDN, its officers, board members, members and agents harmless from any damages or claims for damages which may arise as a result of my activities as a NASDN member.

I understand that my membership does not guarantee that I will be called out in the name of NASDN, and I agree not to respond on my own authority in the name of NASDN to any search, emergency, disaster, or any other conceivable situation.

I further understand that the North American Search Dog Network (NASDN) has the final authority to accept or decline any application for membership. Once the membership application is approved, the applicant shall be a probationary member for one (1) year or less from the date of such approval until full membership is approved or denied by the Officers and Board of Directors. An additional thirty (30) days probationary period may be imposed if deemed necessary by the Officers and Board.

Date _____ Signature of Applicant _____

Date Received _____ Processed By _____
Membership Number _____