

NORTH AMERICAN SEARCH DOG NETWORK

Membership Renewal

Please type or print all information and check all boxes that apply.

The information provided will only be given to others for the purpose of networking.

Membership fees are \$35.00 (Thirty five dollars) per member (U.S. Funds), per year, due January 1st of each year. Fee must be submitted with the renewal form.

Checks or money orders are to be made payable to NASDN. Return completed form and fees to:

North American Search Dog Network
John Beck
10100 Holdrege St.
Lincoln, NE 68527

If you have questions please call 402 486-3918

Current Status (check one):

Active

Associate (outside North America, non voting)

NASDN Membership Number: _____

Name _____
Last First Middle

Address _____

City _____ State/Province _____ Zip _____

Country U.S. Canada Mexico Other _____

Home Phone _____ Work Phone _____

Fax _____ Pager or Mobil _____

E-Mail address _____

Please Update the Following Information

Have you had formal training in any of the following? (Check all that apply)

-
- | | | |
|--|---|---|
| <input type="checkbox"/> 00 = None | <input type="checkbox"/> 05 = First Aid (basic) | <input type="checkbox"/> 10 = Seminars (K-9) |
| <input type="checkbox"/> 01 = CPR | <input type="checkbox"/> 06 = Mountaineering | <input type="checkbox"/> 11 = Armed Forces |
| <input type="checkbox"/> 02 = EMT | <input type="checkbox"/> 07 = SAR Mountain | <input type="checkbox"/> 12 = Visual Tracking |
| <input type="checkbox"/> 03 = Paramedic | <input type="checkbox"/> 08 = Drug Detection | <input type="checkbox"/> 13 = SAR Underwater |
| <input type="checkbox"/> 04 = First Aid (advanced) | <input type="checkbox"/> 09 = Police Training | <input type="checkbox"/> 14 = SAR Wilderness |

Do you have a professional degree or expertise in any field? (Doctor, Lawyer, etc.)

Yes No If yes, in what field? _____

Are you willing to volunteer your services through NASDN? Yes No

Are you willing to travel if needed? Yes No

Are you available for overseas assignments? Yes No

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 _____

Have you ever been convicted of a felony? Yes No

Do you belong to other groups, associations or agencies which use search dogs?

Yes No If yes:

Name _____

Mailing Address _____

City _____ State/Province _____ Zip _____

Name _____

Mailing Address _____

City _____ State/Province _____ Zip _____

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

Name _____ Breed _____

Name _____ Breed _____

List current Certifications and Evaluations for both you and your dog(s). Copies or proof may be required for any certification that you claim. Be sure to list each dog separately. If none, so state.

Type	Dog	Organization	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.

Date _____ Signature of Renewing Member _____

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Date Received _____ Processed By _____