

# NORTH AMERICAN SEARCH DOG NETWORK

## Membership Renewal

Please fill in blanks and check appropriate boxes so we will have current information.

Only limited information will be released 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 \_\_\_\_\_ Mobil \_\_\_\_\_

E-Mail address \_\_\_\_\_

Please print legibly

### Please Update the Following Information

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

00 = None

05 = First Aid (basic)

10 = Seminars (K-9)

01 = CPR

06 = Mountaineering

11 = Armed Forces

02 = EMT

07 = SAR Mountain

12 = Visual Tracking

03 = Paramedic

08 = Drug Detection

13 = SAR Underwater

04 = First Aid (advanced)

09 = Police Training

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 \_\_\_\_\_

\_\_\_\_\_  
Date Received \_\_\_\_\_ Processed By \_\_\_\_\_