



FIRE K9.ORG Membership Application

\$50/yr Active Member Currently working as an active independent Fire K9 handler.
(Includes all benefits and voting privileges.)

\$75/yr Associate Member Paid, volunteer, inactive or retired detection K9 handlers, fire and law enforcement agencies, investigators, dog trainers & breeders, corporations, canine suppliers, insurance companies, labs, researchers, and other canine and fire related companies.
(Not eligible to vote or hold office.)

Both memberships require sponsorship by a Fire K9.org Member

Name _____ Phone _____

Cell _____

Address _____
_____Home _____Business

City, State, Zip Code _____

E-mail address _____

Phone _____

Secondary Address _____
_____Home _____Business

City, State, Zip Code _____

E-mail address _____

Company _____

Title _____

Company specializes in _____

Affiliation: ___K9 Handler ___K9 Trainer/Breeder ___K9 Suppler/Vendor ___Police/Fire/Public Service
___Insurance ___Investigator ___Lab/Researcher ___Other _____

For Fire K9 Handlers Only:

K9 Name	K9 DOB	Sex
Breed	Color	Alert : ___Passive ___Aggressive Reward: ___Food ___Play
Trained By	Last Certification Date	Certified By:

Have you ever been convicted of a felony, misdemeanor or any crime? Yes___ No___
(If yes, explain) _____

Have you ever been denied membership in any working canine organization? Yes___ No___
(If yes, explain) _____

I confirm that all information given by me in this application is true and correct and hereby make application for membership in FIRE K9.org in accordance with its membership rules as an:

___ Active Member (50.00/yr)

___ Associate Member (\$75/yr)

Applicant Signature _____

Date _____

Sponsored by (FIRE K9.org Member) _____

___ Enclosed is our payment in the amount of \$_____ on my check # _____. **Make checks payable to: Fire K9.org**

___ Charge to my ___Visa or ___MasterCard

Card # _____ Exp Date _____ Sec Code _____

Billing Address: _____

Authorized Cardholder Name _____

Cardholder Signature _____

___ Online Payment through FireK9.org online store Online Confirmation # _____

Fax this form with payment information to (707) 963-3357 or mail form and payment to PO Box 71 – St Helena, CA 94574

Office Use Only
Recommended for Approval:
Board Review & Approval

Sponsor _____
Yes ___ No ___
Yes ___ No ___

Date Rec'd: _____
By _____
Date _____