



National Entomology Scent Detection Canine Association

NESDCA Membership Application

NESDCA uses the information in this application to determine your qualifications for membership and to ensure that NESDCA will contain a fair balance of interests. NESDCA will not use this information for any other purpose than the above. Please provide us with as much information as you feel will assist us in the process.

Name of Individual _____

Title _____

Employer _____

Mailing Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Telephone _____

Fax _____

Email Address _____

FEE: Regular is \$150 annually for 1st membership, \$75.00 each additional member. Sponsor is \$100.00 annually for individual, \$1000.00 for company advertising. Please indicate type membership below:

- Regular Member
 - Sponsor
-

1. QUALIFICATIONS OF APPLICANT

a. If applying as a Regular Member, which only applies to canine teams who will obtain certification. List each handlers name along with the name of the canine they will be certifying with to the right of the handlers name.

Handler Name _____

Canine Name _____

Handler Name _____

Canine Name _____

Handler Name _____

Canine Name _____

Handler Name _____

Canine Name _____

b. If applying as a Sponsor, which applies to any one who supports Entomology Scent Detection. Please provide information regarding your background and/or interest in Entomology Scent Detection.

c. Provide the name and location of the training facility from which you and your canine were trained.

Facility Name _____

Location _____

d. Are you willing to abide by, support, and promote NESDCA, our by-laws and mission of Entomology Scent Detection? YES NO

2. REPRESENTATION

Indicate below the name of the business you would be representing.

Business Name _____

a. Please provide a business address, telephone number, along with a specific contact person and their mailing address, e-mail, and telephone number.

3. ADDITIONAL COMMENTS

I agree to abide by the RULES and BY-LAWS NESDCA and agree to notify the Secretary of the NESDCA of a change in status, including change of employment, organization represented, location or funding source.

I attest that all of the information on this application is true and accurate.

Your FULL NAME _____

Today's Date _____