



**Virginia Police Work Dog Association  
New Membership Application**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member's Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member's Email Address: \_\_\_\_\_

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**Regular Member**

What position do you hold within your Agency? \_\_\_\_\_

1. Are you a Law Enforcement Officer? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Do you have arrest powers? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are you a Retired LEO who had arrest powers at the time of retirement? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*If you answered "NO" to questions #1 or #2, you must be able to answer "YES" to #3 to become a regular member.\*\***

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**Associate Member**

**\*\**(Must be sponsored by a regular member for initial application and every year thereafter)*\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Associate Member's Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Associate Member's Email Address: \_\_\_\_\_

Associate Member's Occupation: \_\_\_\_\_

Sponsor: (Print name) \_\_\_\_\_ Signature: \_\_\_\_\_

Sponsor's Phone Number: (to verify sponsorship) \_\_\_\_\_

**Send Membership Application to:  
VPWDA Membership Chairman  
PO Box 71925  
Richmond, Va. 23255**

**\*\*Make checks payable to V.P.W.D.A.\*\*  
Annual Dues: Regular Member - \$30.00 per year  
Associate Member - \$35.00 per year**