

W.L.E.C.H.A.

WISCONSIN LAW ENFORCEMENT CANINE HANDLER ASSOCIATION

P.O. Box 20756 Greenfield, WI 53220

Date: _____

APPLICATION FOR MEMBERSHIP membership for year 200__

I am applying for: New Renewal

Name: _____ Rank: _____

Address: _____

City: _____ State: _____ Zip: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

Work Phone: _____ Department Fax: _____

Canine Breed: _____ Canine Name: _____

TRAINING:

Narcotic

Tracking

Search & Rescue

Other _____

Patrol

Explosive

Cadaver

All correspondence will be mailed to **work** addresses.

Persons eligible for membership must be sworn law enforcement personnel, but are not required to be canine handlers. Please include a photocopy of ID if you are applying for new membership.

Annual dues are \$25, payable to W.L.E.C.H.A.

Return application and fee to:

W.L.E.C.H.A., c/o Sergeant Jay Johnson, 5300 West Layton Avenue, Greenfield, WI 53220