



Wisconsin Law Enforcement Canine Handler Association

*P.O. Box 136 Germantown, WI 53022
<http://www.wlecha.org>*

APPLICATION FOR MEMBERSHIP

PRINT NAME	RANK	
MAILING ADDRESS	CITY/STATE/ZIP	
WORK PHONE	CELL PHONE	EMAIL
DEPARTMENT NAME	DEPARTMENT ADDRESS	CITY/STATE/ZIP
K-9 NAME	K-9 TYPE:	
	<input type="checkbox"/> Patrol/Protection <input type="checkbox"/> Tracking <input type="checkbox"/> Explosive	
K-9 BREED	<input type="checkbox"/> Drug Detection <input type="checkbox"/> Search/Rescue <input type="checkbox"/> Cadaver	
This is an application for: <input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> RENEWAL		

Membership Eligibility: Persons eligible for membership must be active law enforcement or retired in good standing from a law enforcement agency. Please include a photocopy of ID or agency letterhead verifying employment signed by a supervisor if you are applying for new membership.

Annual dues are \$35.00.

Return your application and payment to:

WLECHA
C/O Membership
PO BOX 136
Germantown, WI 53022

Office Use:

Date received: _____

Approved by: _____