



# Canine Accelerant Detection Association

## Membership Application

**Membership fees are due September 1<sup>st</sup>. Valid membership runs Sept. 1 through Aug. 31. Dues are **\$50** and are payable to CADA.**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Alternate Email:** \_\_\_\_\_

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**Name of Canine:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **In-Service Date:** \_\_\_\_\_

**Reward Type:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

**Do you want your contact information posted in the Membership Directory on CADA's website? \_\_\_\_\_.** If yes, please list in the box what information you want to be shown.

**RETURN APPLICATION AND FEE TO:**

**Guy Aumend  
63 E. Broadway  
Alliance, Ohio 44061**