



INTERNATIONAL CONSERVATION  
DETECTION DOG ASSOCIATION

## Application for Membership

**MEMBERSHIP REQUIREMENTS:** Membership to this Association shall be open to any individual or organization involved with the use of Conservation Detection Dogs (CDD or CDDs). Applicants must be involved in handling, project planning or other positions involving the use of CDDs. (For additional information go to <http://www.icdda.org>)

**MEMBERSHIP TYPE:** Individual \_\_\_\_\_ Organization \_\_\_\_\_ For Year \_\_\_\_\_  
**Annual Membership Fee:** Individual New (\$30) \_\_\_\_\_ Organization New (\$100) \_\_\_\_\_  
**Renewals Due January 1<sup>st</sup>:** Individual Renewal (\$20) \_\_\_\_\_ Organization Renewal (\$100) \_\_\_\_\_  
**Past Due Renewals Received after March 1<sup>st</sup>:** Individual (\$35) \_\_\_\_\_ Organization (\$125) \_\_\_\_\_

### FORM MUST BE COMPLETED AND SIGNED TO BE VALID

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

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Yrs. Involved With CDDs: \_\_\_\_\_

Currently involved in research projects using CDDs: ☐ Yes ☐ No

Please provide a brief summary of your use/experience with CDDs:

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Please provide a brief statement on why you or your organization would like to be a member of the ICDDA:

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Please submit Application with Dues to (if applying for both individual and organization memberships please complete separate forms for each membership). We are not able to accept credit card payments, please issue checks to ICDDA:

Toni Crites, ICDDA Secretary, International Conservation Detection Dog Association,  
1910 E. O Avenue, La Grande, OR 97850 USA

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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ICDDA Approval: \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Disapproved \_\_\_\_\_