



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 1st:	Individual Renewal (\$20) _____	Organization Renewal (\$100) _____	
Past Due Renewals Received after March 1st:	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:

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

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: _____

ICDDA Approval: _____ Date Received _____ Date Approved _____ Date Disapproved _____