



**MEMBERSHIP APPLICATION**

**Date:**

**New**  **Renewal**

**NAME:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**EMAIL:**

**DEPARTMENT:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**K9 NAME:**

**BREED:**

**K9 STATUS**  **Active**  **Retired**  **Deceased**

**POSITION**  **Handler**  **Former Handler**  **Trainer/Supervisor**

**Annual dues: \$50/year per canine for active and retired dogs**

**\$25/year for former handler/member of deceased canine & trainer/supervisor**

**Send membership dues to: PAW Stoppers, Inc.  
PO Box 1654  
Fenton, MO 63026**

***\*Checks payable to PAW Stoppers, Inc.***

**Please contact us with any questions at [www.pawstoppersinc@gmail.com](mailto:www.pawstoppersinc@gmail.com)**