



Canine Search and Recovery, Inc Membership Application

SEND TO:
Terri Slizewski
CSAR
PO Box 1771
Athens, AL
35612-6771
(tjs1963@aol.com)

- New (requires sponsor signature) Renewal Lifetime Membership
- \$25.00 \$25.00 \$300.00
- Check Paid via PayPal (please print, complete, and mail
- Enclosed this form to the address listed to the right.

PLEASE PRINT
NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL ADDRESS: _____

PHONE – HOME: _____ CELL: _____ WORK: _____

OCCUPATION: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT – NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE – HOME: _____ CELL: _____ WORK: _____

<p style="text-align: center;">AREA OF INTEREST</p> <p> <input type="checkbox"/> Airscent <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Tracking/Trailing <input type="checkbox"/> Cadaver <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____ </p> <p>BREED: _____</p> <p>SPECIAL INTEREST: _____</p> <p>K-9 / SAR AFFILIATION: _____</p>	<p>My information may be published on the online CSAR membership roster. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p style="text-align: center;">CODE OF ETHICS</p> <ol style="list-style-type: none"> 1. I will inform the association of all criminal offenses of which I have been convicted. 2. I will not engage in the use of illegal drugs. 3. I will conduct myself professionally in public at all times. 4. I will inform the association of any dog abuse case of which I have been convicted. 5. I will conduct all searches in a legal manner. 6. I will not use my membership for personal gain. 7. I will speak only in the best interest of the organization and its members. 	<p>Please add me to the CSAR email group. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALREADY ON IT</p>
<p>I would like to receive my CSAR newsletter electronically <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>I have read and agree to comply with the above Code of Ethics. I understand that failure to abide by this code may result in my removal from the organization. It is understood that the Code of Ethics is in effect during my entire membership period.</p>	

SIGNATURE: _____ **DATE:** _____

SPONSORING MEMBER: _____
(Not necessary for renewal)

All fees are due and payable in US Dollars by January 1st of each calendar year except for lifetime memberships. Members will be dropped from the rolls if not renewed by July 1st. Any applications received incomplete will be returned.

- ____ Please note changes to the following information:
- Address Home Phone Work Phone Cell Phone Emergency Contact
 - E-Mail Other _____