

## MEMBERSHIP RENEWAL FORM

SEND TO:  
 Terri Slizewski  
 CSAR  
 PO Box 1771  
 Athens, AL 35612-6771  
 (terri.slizewski@csar.org)

New (requires sponsor signature) \$25.00    
  Renewal \$25.00    
  Lifetime Membership \$300.00

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: \_\_\_\_\_

### AREA OF INTEREST

Airscent      Law Enforcement      Tracking/Trailing  
 Cadaver      Support Personnel      Other \_\_\_\_\_

BREED: \_\_\_\_\_

SPECIAL INTEREST: \_\_\_\_\_

K-9 AFFILIATION: \_\_\_\_\_

My information may be published on the CSAR member's roster.

YES     NO

Please add me to the CSAR email group.

YES     NO  
 ALREADY ON IT

### CODE OF ETHICS

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.

I would like to receive my CSAR newsletter electronically

YES     NO

**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.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSORING MEMBER: \_\_\_\_\_  
 (Not necessary for renewal)

All fees are due and payable in US Dollars by January 1<sup>st</sup> of each calendar year except for lifetime memberships. Members will be dropped from the rolls if not renewed by July 1<sup>st</sup>. 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 \_\_\_\_\_

Paid dues via PayPal (Please complete and mail this form to the POBox if you paid via PayPal)