



# Canine Search and Recovery, Inc Membership Application

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

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

(must be CSAR member for **5 consecutive yrs** to apply for lifetime membership)

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: \_\_\_\_\_

<b>AREA OF INTEREST</b>		My information may be published on the CSAR member's roster. ___ YES ___ NO
___ Airscent	___ Law Enforcement	
___ Cadaver	___ Support Personnel	I would like to receive my CSAR newsletter electronically ___ YES ___ NO
___ Tracking/Trailing	___ Other _____	
BREED: _____		
SPECIAL INTEREST: _____		
K-9 AFFILIATION: _____		
<b>CODE OF ETHICS</b>		
<ol style="list-style-type: none"> <li>I will inform the association of all criminal offenses of which I have been convicted.</li> <li>I will not engage in the use of illegal drugs.</li> <li>I will conduct myself professionally in public at all times.</li> <li>I will inform the association of any dog abuse case of which I have been convicted.</li> <li>I will conduct all searches in a legal manner.</li> <li>I will not use my membership for personal gain.</li> <li>I will speak only in the best interest of the organization and its members.</li> </ol>		
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)