

Pennsylvania D.A.R.E. Officers Association

APPLICATION FOR MEMBERSHIP

Applicant _____

Agency _____

Agency Address _____

Agency Phone _____ Fax _____

Home Address _____

Home Phone _____ Email _____

Social Security Number _____

Site Where Trained _____

Agency Conducting Training _____

Date Of Certification _____

Signature of Applicant _____ Date _____

Type of Membership: (Check One)

Regular Member (D.A.R.E. Officer / Educator) \$10.00 _____

Associate Member (Anyone not listed above) \$ 5.00 _____

MAKE CHECKS PAYABLE TO:

Pennsylvania D.A.R.E. Officers Association

C/O Jack Killian

**** NO PURCHASE ORDERS ****

501 West Race Street

Pottsville, Pa. 17901

OFFICIAL USE ONLY

DATE RECEIVED _____

TYPE RECEIVED _____

CARD SENT _____