

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: () _____ - _____ Date: _____

Individual \$35.00/yr Corporate \$100.00/yr

- Please accept my application for membership in the Long Beach K-9 Officers Association. Appropriate payment for membership has been enclosed.
- This is a RENEWAL application, please expedite. Appropriate payment enclosed.
- This is a DONATION, Please put to good use for the K-9 Program! Donation amount: \$ _____

Method of payment:

Check Enclosed

MasterCard

Visa Card

Credit Card Account # _____ / _____ / _____ / _____

Card Expiration Date _____ / _____

Signature: _____

(For credit card only)

Mail Application to:

Long Beach K-9 Officers Association

P.O. Box 17366

Long Beach, CA 90807-7366

