



# Minnesota *D.A.R.E.* Officers Association Membership Application

Name:	Last	First	Middle Initial	Work Phone (Area Code & Number)
Name of Department/Agency/Organization				Fax Phone (Area Code & Number)
Address:				Pager Number (Area Code & Number)
City:	State:	Zip Code	Home Number (Area Code & Number)	

<b>Email Address:</b>	<b>POST #</b>
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Are you Currently a Certified <i>D.A.R.E.</i> Instructor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>D.A.R.E.</i> Training already received: <i>Please Check</i>
<b>Make Check Payable to:</b> <b>Minnesota <i>D.A.R.E.</i> Officers Association</b> <b>Deputy William J. Spitzer</b> <b>Winona County Sheriff's Office</b> <b>201 West 3<sup>rd</sup> Street</b> <b>Winona, Minnesota 55987-3158</b> <b>Work Phone 507-457-6366 Fax Number 507-454-9396</b> <b>E-mail: bspitzer@nt1.co.winona.mn.us</b>	<input type="checkbox"/> Core Curriculum <input type="checkbox"/> Junior High Program <input type="checkbox"/> Senior High Program <input type="checkbox"/> Community Program <input type="checkbox"/> Mentor Program
<b>Dues \$35.00</b>	<input type="checkbox"/> New <input type="checkbox"/> Renewal Signature:

List any Comments or Suggestions:

For Office Use Only:	Date Bill Sent:	Amount:	Paid by:
	Date Dues/Payment Received:	Check / P. O. Number	