



Applicants Name: _____ Agency: _____

Home Address: _____ Business Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Social Security Number: _____

D.A.R.E Officer _____ Supervisor: _____

Administrator: _____ Educator: _____

If D.A.R.E. Officer, original DOT Date: _____ Location: _____

Dues: \$30.00 Payable to: Kentucky D.A.R.E. Association

Signature of Applicant:

Your membership is valid from date of receipt until June 30th.