



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

Membership Application, Narcotics Certification, Receipt Revised 1/2024

Must have proof of membership paid and registration to give to certifying official.

https://nndda.org FEE: \$55.00 NEW _____ RENEWAL X RETIRED _____

NAME : (LAST) Pena (FIRST) Armando (M.I.) _____

ADDRESS : 705 Kiwi Avenue CITY : _____

STATE : Texas ZIP : 78504 EMAIL : Mando4208@Yahoo.Com

DATE OF BIRTH 09 / 08 / 1984 SSN #: LAST 4 ONLY/ _____

CELL phone number: (956)- 270 - 8669 Canine Name _____

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 711 El Cibolo Road

CITY: Edinburg STATE : Tx ZIP : 78504

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT:

APPLICANT'S SIGNATURE : Armando Pena DATE : 9-8-25

NAME OF DEATH BENEFICIARY (and relationship) _____

Certifying Official Use Only Below This Line

(Attention, Certifying Official, IF Regular Application has been filled out, Fill Only Grey Area Above)

MARIJUANA Pass _____ Fail _____ OTHER _____ Pass _____ Fail _____

COCAINE Pass _____ Fail _____ OTHER _____ Pass _____ Fail _____

HEROIN Pass _____ Fail _____ NA _____

METHAMPHETAMINE Pass _____ Fail _____ NA _____

NEGATIVE RESPONSES

CERTIFICATION BOOK NUMBER _____ Remarks _____

PASS _____ FAIL _____ NNDDA _____ Dept. _____ State _____ FED. _____

Certifying Official(s) _____ CO Number(s) _____

TYPE OF PAYMENT: CHECK # _____ CASH _____ P. O. # _____ OTHER _____

MEMBERSHIP FEES: _____ REMARKS ADDED INFO: _____

If Already Member, Last Date Paid _____ How was membership paid _____

FEES COLLECTED BY _____ C/O Number _____

FUNDS and EXCEL Sheet to:
Ronnie LaGrone, National Treasurer
P.O. Box 379 CR 105
Carthage, TX. 75633

PAPERWORK and EXCEL Sheet to:
Rhonda Low, NNDDA Secretary
P. O. Box 546
Moulton, TX. 77975

