

American Working Dog Association

Dedicated To Excellence In Police K9 and Working Dogs All Over The World

Membership Application

Annual Dues: Regular and Associate Member - \$75.00 Per Year

Today's Date _____ / _____ / _____ /

Social Security No: _____ - _____ - _____ Date Of Birth _____

Last Name _____ First _____ MI _____

Address _____ City _____

State _____ Zip _____

Home Phone # (Area Code) _____ - _____ - _____ Email _____

Regular Membership (Answer Completely)

Are **You** a **Certified Law Enforcement Officer**? Yes _____ No _____

Do **You** have **Arrest Powers**? Yes _____ No _____

Are **You and the K9** Used by Your Police / Sheriff Department? Yes _____ No _____

Are **You** a **Retired law Enforcement or Military Officer**? (collecting Pension) Yes _____ No _____

Are **You** **Private Security**? Yes _____ No _____

Are **You** a **Private Owner**? Yes _____ No _____

Police/Sheriff/Law Enforcement Agency Employed By _____

Work Address? _____

City _____ State _____ Zip code _____

Work #(Area Code) _____ - _____ - _____ Position- Circle one ... Handler, Trainer,
Other >

Describe _____

Certifier Membership-**Mandatory**

Annual Dues: Certifier \$125.00 one time

You must Provide a Current Criminal History Record Check when joining and or rejoining each year. Also Professional k9 Training Credentials Must be Provided! (3 references Letters Provided)

Last name _____ First Name _____ Mi _____

(3)Photographs of Agent attached Yes _____ No _____ For (ID Card and Records)

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (Area Code) _____ - _____ - _____

Certifier Signature _____

Regular Member Signature (sponsor) _____

Regular Member Print Name _____

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K9's Name _____ Age _____ Yrs _____ Months Sex M _____ F _____

Breed _____ Color (Markings) _____

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Checks or Money Orders Accepted!

Mail Payments to: **American Working Dog Association**
P0 Box 1013
Greenville NC 27834