



**Working
American Dog**
A Standard of Excellence

**SERVICE DOG CANINE CERTIFICATION PROGRAM
AWDA MEMBERSHIP APPLICATION / CANINE EVALUATION REGISTRATION**

Please print names legibly and as you want them to appear on your certificate and ID cards. One form per canine team.

Handler:		Date:
K9 Partner:	Breed:	
Address:		
City:	State:	Zip Code:
Phone:	E-Mail:	
Are you a veteran of the US Armed Forces?	Branch of Service:	
Disability Related Task(s) (please describe specific canine task(s):		

AWDA USE ONLY

Fees: Payable on or before the evaluation.

MEMBER STATUS: ___ CURRENT ___ NEW ___ RENEWAL

___ \$75 (one-year regular membership)

___ Veteran of US Armed Forces

___ \$10 (Canine ID card with certification)

AWDA TOTAL FEES \$ _____

___ \$25 (evaluator fee, separate from AWDA Fees)

EVALUATOR FEE \$ _____

Mail AWDA fees to AWDA PO Box 1013, Greenville, NC 27835. Send all completed forms to AWDASARSEC@gmail.com

PREREQUISITES

___ AKC Canine Good Citizen or Equivalent ___ Current Certificate of Rabies Vaccination ___ Training Logs	
Evaluator (Print Name):	Signature:
Handler (Print Name):	Signature: