



MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY OR TYPE

Application Date _____

Name _____ Rank/Title _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (include area code) _____ Email _____

MEMBERSHIP CLASSIFICATION

Check one: Civilian Active Duty Retired

Check one (if applicable): Police Fire Search & Rescue Military Federal

Other (please describe) _____

Agency _____

Agency Address _____

City _____ State _____ Zip _____

Agency Phone (include area code) _____

CANINE DATA

K9 Name _____

Breed _____ Color _____

DOB _____ Sex: Male Female

Agency Job Classification _____

**Mail this form with check or money order with dues of \$50.00 made payable to American Working Dogs:
7953 N. Old Rt. 31, Denver, IN 46926. *Dues subject to increase after inaugural time period.**