

AKCA's Koi Health Advisor Program

Application for participation

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

From which AKCA club? \_\_\_\_\_

\_\_\_\_\_

Years in the koi hobby: \_\_\_\_\_

Applicant has read and understands the "Candidate Requirements and Suggestions" document supplied by the AKCA.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Applicant has read and signed the "Non-professional Statement" supplied by the AKCA.

\_\_\_\_\_ Yes

\_\_\_\_\_ No