

AKCA's Koi Health Advisor Program

Application for participation

Applicant name: _____

Type of applicant (check one): _____ primary _____ alternate

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