



United States Military Working Dog Service Award

Application

Yes! Sign my MWD up to receive the USMWDSA.

Name: _____
Address: _____
City/State _____ Zip Code: _____
Phone No _____ Fax: _____
Email: _____

Dogs Name: _____ Tattoo/ID No: _____
Service Branch/Unit: _____
Dates Served: _____
Deployment Location: _____

The above names MWD actively participated in ground or surface combat.

I certify that the above information to be true and correct.

Signature: _____ Date: _____

Mail to:

United States War Dogs Association, Inc.

1313 Mt. Holly Road

Burlington, New Jersey 08016

or

Print and fax to: 609-747-9340

Email to: ronaiello@uswardogs.org

For further information call: 609-234-4539

web site: uswardogs.org