



Working Malinois Australia Decoy Certification Application

- Name of Affiliate hosting decoy certification _____
- Date of Test _____
- Name of Decoy Certification Candidate _____
- Candidate's E-mail _____ • Phone Number _____
- Postal Address _____
- Are you a member of another club or Organization? YES NO (circle) If so, what name? _____
- Any Previous Decoy License? _____ Which Organization? _____ Lic. #? _____
- Preferred method of contact
 Phone Email Facebook
- By submitting this document, this candidate agrees to abide by Trial Rules, the WMA Constitution, the WMA Code of Conduct, its policies and procedures. We also agree to notify WMA Secretary in writing of any membership changes, as well as incidents and procedure deviations.
- Candidate's Signature: _____
- Date _____

OFFICE USE ONLY

- Issue Date (new): _____
- Transfer Date (if applicable): _____
- Certification Location _____
- Type of Certification _____
- Name of Certifying Officer _____
- Name of Certification Officer's Organization _____
- Signature of Certifying Officer _____
- Signature WMA Administrator of Records _____
- Signature of WMA Chief Judge _____