DOGS NSW

APPLICATION FOR SPORTING REGISTER



Ph: (02) 9834 3022 Fax: (02) 9834 3872

Website: www.dogsnsw.org.au

FEE: \$28.00 PENSIONER: \$23.00

Business Address:

The Bill Spilstead Complex for Canine Affairs 44 Luddenham Rd, Orchard Hills NSW 2748

Postal Address:

PO Box 632, St. Marys NSW 1790	Email: info@dogsnsw.org.au
COLLECT FROM DOGS NSW OFFICE POST (Tracking Included)	1 HOUR EXPRESS - PICK UP: \$65.00 1 HOUR – SAME DAY EXPRESS POST: \$65.00
EXPRESS POST: \$8.80	24 HOUR EXPRESS: \$45.00 (Select either Collect or Post)
Dogs Registered Name:	Registration No:
Breed:	rtogistration res.
Sex: Colour of Dog	
Microchip No:	Membership No:
Date of Birth:	
Name of Registered Owner(s):	
Address:	
Post 0	Code: Phone:
The following check list is to be completed to required when submitting to the office.	Date: to ensure your application is correct and contains all documents registered with one of the ANKC Ltd recognized kindred bodies as
	ating you as the registered owner/s with a NSW residential address. datory) declaration on this application?
then the original Certificate of Registrati	red as an "Associate" and you wish to register the dog on the "Sporting" Register on must be surrendered at the same time as you submit this application. This ciate will be transferred to the "Sporting Register".
Credit Card Details Mastercard V	isa Expiry Date: CCV No:
Card Number	
* \$1.00 for services paid by credit cards will apply.	
Please debit my credit card for the amount of S	+ \$1.00 Credit Card surcharge
Signature of cardholder:	
The completed application should be forwarded to	o: DOGS NSW, P.O. Box 632, ST MARYS NSW 1790

Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW