

DOGS NSW

CHAMPIONSHIP OR AWARD



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

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

Website: www.dogsnsw.org.au
Email: info@dogsnsw.org.au

**This application must be accompanied by Challenge Certificates/Awards (photocopies are permitted).
The ORIGINAL Certificate of Registration & Pedigree MUST also be submitted with this application.**

- | | |
|---|--|
| <input type="checkbox"/> SASH | <input type="checkbox"/> DUPLICATE TITLE CERTIFICATE |
| <input type="checkbox"/> COLLECT FROM DOGS NSW OFFICE | <input type="checkbox"/> POST (Tracking Included) |
| <input type="checkbox"/> 1 HOUR EXPRESS | <input type="checkbox"/> EXPRESS POST |
| <input type="checkbox"/> 24 HOUR EXPRESS | <input type="checkbox"/> |
- (Select either Collect or Post above, See Scale of Charges for all fees applicable)

BREED:		SEX:
NAME OF DOG:		REG.No.
NAME OF REGISTERED OWNER/S		
ADDRESS:		
SUBURB:		POST CODE:
CONTACT NUMBER:		DOGS NSW MEMBERSHIP No.
EMAIL:		

Please complete the Breeder's name and address below and a Breeder's Certificate will be sent direct.

BREEDERS NAME: Mr/Mrs/Ms/Miss/Other	
BREEDER'S ADDRESS:	
SUBURB:	POST CODE:

Indicate below the full title/award that you are applying for (including level if applicable)

TITLE/AWARD:

For list of available Titles and Awards and if sashes are available, please view the link on the DOGS NSW Website <https://www.dogsnsw.org.au/members/forms/awards-and-titles/>

Credit Card Details Mastercard Visa 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 \$ _____ + \$1.00 Credit Card surcharge

Signature of cardholder: _____

The completed application should be forwarded to: 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

IMPORTANT:

All Challenge Certificates/Awards **MUST** be sighted by the office prior to this Title application being processed. Please note photocopies of certificates are acceptable, or you may choose to produce the originals in person at the office.

Details of Challenge/Award Certificates gained must be listed below:-

DATE	AFFILIATE NAME	JUDGE	POINTS/ QUALIFICATIONS	OFFICE USE ONLY

I/We declare the details are correct and in accordance with challenge/qualifying certificates now in my/our possession.

ALL owners **MUST** be financial members of DOGS NSW or a financial member of an ANKC Ltd Member Body and must sign below.

All Owners Signature(s) _____ Date: _____

PLEASE NOTE: A dog is not eligible to be awarded any ANKC Ltd Title, unless at the time of application and at the time the dog attained the above listed awards, ALL registered owners are financial members of DOGS NSW or any ANKC Ltd Member Body.

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CHAMPIONSHIP OR AWARD APPLICATION CHECKLIST



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The following check list is to be completed to ensure your application is correct and contains all documents required when submitting to the office.

- ALL owners **MUST** be financial members of DOGS NSW or a financial member of an ANKC Ltd Member Body
- The **ORIGINAL** Certificate of Registration & Pedigree **MUST** be submitted with this application
- All Challenge/Qualifying Certificates **MUST** be submitted with the application
- Are all Challenge/Qualifying certificates clearly listed on the back of the application?
- Have you listed the Titles being applied for on the first page of the application?
- Have all registered owners signed the second page of the application?

I/We being the registered owner(s) of the dog hereby declare that we have provided all information listed on the checklist to ensure our application can be processed.

All Owners' Signature(s)

Date