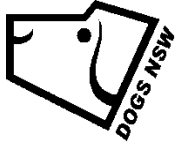


DOGS NSW

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 a list of all Challenge Certificates/Awards along with 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

CHAMPIONSHIP OR AWARD APPLICATION CHECKLIST

Business Address:

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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
- 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 _____