DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074
PHONE (07) 3252 2661, FAX (07) 3252 3864 Q U E E N S L A N D

Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

APPLICATION FOR SIRE OF MERIT/DAM OF MERIT TITLE

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION SEX: MALE / FEMALE NAME OF DOG: **BREED: REGISTRATION NO: REGISTERED OWNER'S DETAILS: MEMBERSHIP NO. 1: MEMBERSHIP NO. 2:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss) ADDRESS: **POST CODE: CONTACT NO.: (H)** (B) (M) **TITLE APPLIED FOR:** SIRE OF MERIT/DAM OF MERIT **BREEDER'S DETAILS:** TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss)

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION

ADDRESS:

IMPORTANT: A copy of the progeny's Championship title must accompany the application for title.
LAMINATING: A laminating service for Certificates is available. Please tick if laminating is required:
YOUR APPLICATION WILL BE RETURNED IF EITHER: (1) THE DOG'S CERTIFICATE OF REGISTRATION IS NOT ATTACHED OR (2) PAYMENT OF THE RELEVANT FEES IS NOT INCLUDED.

Please refer to the Queensland Dog World Magazine for Scale of Charges

POST CODE:

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DETAILS OF CHAMPION OFFSPRING

NAME OF DOG	CHAMPIONSHIP TITLE	FOR OFFICE USE ONLY
I/We declare that all information provided on this application is correct are	nd in accordance with Challeng	ge / Qualifying Certificates no

THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS

Date / / 20	Signature(s):	
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CREDIT CARD PAYMENT DETAILS

NAME:	MEMBERSHIP NUMBER:		
MASTERCARD	VISA (tick one box)		
CARD NUMBER:	CARD EXPIRY DATE:		
AMOUNT \$	CARDHOLDER'S PHONE NUMBER:		
CARDHOLDER SIGNATURE	Date / / 20		