

DOGS QUEENSLAND

PO BOX 1136, MT OMMANEY QLD 4074

PHONE (07) 3252 2661, FAX (07) 3252 3864 QUEENSLAND

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



APPLICATION FOR NON-CHAMPIONSHIP TITLE

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION

NAME OF DOG:

SEX: MALE / FEMALE

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: DISCIPLINE

GRADE:

(OBEDIENCE / RALLY / AGILITY / JUMPING / GAMES / FLYBALL / FIELD / HERDING / EARTHDOG / ENDURANCE /
DWD / LURE COURSING / WEIGHT PULL / TRACKING / TRACK & SEARCH / TRICKS / SCENT WORK)

BREEDER'S DETAILS:

Optional Breeder's Certificate?

If Yes, Tick Box:

(see Queensland Dog World for Fees)

TITLE & FULL NAME: (Dr / Mr / Mrs / Ms / Miss)

ADDRESS:

POST CODE:

PLEASE ATTACH THE DOG'S CERTIFICATE OF REGISTRATION

PLEASE NOTE: All owners / co-owners must be financial members of Dogs Queensland before any dog is entered in a Championship Show or Obedience or Field Trial. Failure to comply with this regulation will result in the forfeiture of all points gained by the dog and refusal of the application. **THE APPLICATION IS TO BE SIGNED BY ALL OWNERS / CO-OWNERS**

IMPORTANT: All challenge / qualifying certificate points are to be listed on the reverse side of this application. If any points have been gained in another state, copies of all certificates 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

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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____