

# 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 QUEENSLAND GOLD, SILVER OR BRONZE AWARD

NAME OF DOG:	SEX: MALE / FEMALE
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BREED:	REGISTRATION NO:
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### 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) _____	

AWARD APPLIED FOR: <b>GOLD / SILVER / BRONZE</b> (Delete whichever is not applicable)
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### BREEDER'S DETAILS:

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

**PLEASE NOTE:** All owners/co-owners must be financial members of the CCC (Q) t/as Dogs Queensland or an Interstate body recognised by the CCC(Q) before any dog can enter in a Championship Show or Dog Sports Trial. Any points/qualifying certificates gained after the 1st of January every year, if you have not renewed your membership, (due 31st December each year) will be **INVALID** (as per Rule 50). You must renew your or apply for membership for **FUTURE** points/qualifying certificates to be valid.

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

**IMPORTANT:** All points are to be listed on the reverse side of this application. To obtain this award the dog is to be residing in Queensland and owned by a Queensland member at the time of application. Copies of Challenges obtained interstate must be attached.

**LAMINATING:** A laminating service for Certificates is available. Please tick if laminating is required:

#### Minimum Points to qualify:

QLD BRONZE: 250  
QLD SILVER: 500  
QLD GOLD: 750

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

**PLEASE DO NOT SEND YOUR PEDIGREE CERTIFICATE WITH THIS APPLICATION**





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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\_\_\_\_