

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 SUPREME CHAMPION 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) _____

BREEDER'S DETAILS:

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 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 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. However, if the Application is for a dog that is already a Grand Champion, then only the details of the three (3) Best In Show or ten (10) Best In Group Awards should be listed, along with the points gained after 1 July 2012.

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____