



A.C.T. Canine Association Inc.

ACT Canine Association Inc. (ABN 11150955611) trading as Dogs A.C.T.

Exhibition Park, Federal Highway, Mitchell, ACT
PO Box 815, Dickson ACT 2602. Phone 02 62414404

Email: admin@dogsact.org.au or visit: <http://www.dogsact.org.au>

Office hours 9.30am to 2.30pm Tuesday to Thursday

APPLICATION FOR MEMBERSHIP

Please read carefully as you will be required to sign this form.

New memberships are subject to approval by the Dogs ACT council. Council meetings are held each month.

MEMBERSHIP TYPE (Please clearly cross the appropriate Membership Box)

<input type="checkbox"/>	SINGLE:	1 x Person over 18 years of age.
<input type="checkbox"/>	DUAL:	2 x persons residing at the same address.
<input type="checkbox"/>	CONCESSION:	Must produce Pensioner Health Card or Full Time Student Card. (Card number)
<input type="checkbox"/>	JUNIOR:	Under 18 years of age or full time student card. (Date of birth) / /
<input type="checkbox"/>	ASSOCIATE:	No voting rights & no litter registration (Membership No.)

Surname:	Title:
Given Names:	
Address:	
Suburb:	State:
	Post code:
Phone:	Mobile phone:
Email:	
Breed:	Breed (2):
Discipline/Sport:	Discipline (2):
Do you intend on breeding?:	Do you have a mentor? If so who?:

Please provide two forms of current identification showing your current residential address when submitting a new membership application form eg drivers licence and utility bill

YOUR EMAIL ADDRESS IS IMPORTANT TO US AS WE MOVE FORWARD IN THIS ELECTRONIC AGE

<input type="checkbox"/>	If you have previously held ACT membership please tick.	Membership No:
	If you are moving into the ACT and have been a financial member of another State please indicate:	
<input type="checkbox"/>	Financial member of other State Canine Body	Membership No.
<input type="checkbox"/>	Do you hold a financial Prefix in another State to be transferred? The ACTCA Office must be contacted regarding relevant fee.	
	Prefix Name.	Financial to:
<input type="checkbox"/>	Do you hold ANKC Stewards qualification?	List Discipline/s involved with
<input type="checkbox"/>	Judging Licence held	
<input type="checkbox"/>	Do you intend breeding? Please tick if Yes. To breed you must be a member for 12 months and then pass an open book exam.	
<input type="checkbox"/>	Are you becoming a member to assist in obtaining a permit for a sexually entire animal with DAS? Please tick if Yes.	

MEMBERSHIP FEES

Please refer to the website (dogsact.org.au) or contact Dogs ACT for relevant Fees.
All Cheques made payable to Dogs ACT

The membership application and appropriate fee can be lodged at the office

Dogs ACT - Promoting Responsible Dog Ownership

PLEASE READ CAREFULLY AS YOU WILL BE REQUIRED TO SIGN THIS FORM.

**CODE OF ETHICS OF RESPONSIBLE DOG OWNERSHIP INCLUDING
KEEPING, WELFARE, BREEDING, SELLING AND DISPOSING OF DOGS.**

1. I shall ensure that at all times all dogs under my control are properly housed, fed, watered, exercised and receive proper Veterinary attention if and when required.
2. I shall not allow any dogs under my care to roam at large and when away from home ensure they are kept fully leashed, or under effective control at all times. (As per ACT Government Dogs Welfare code of practice)
3. I shall breed only for the purpose of improving the standard of the breed and not for the pet market or any other commercial purpose.
4. I shall not breed from any bitch kept by me before it is twelve months of age, and thereafter not more than once in each succeeding period of twelve months. Provided however that should it be necessary through extenuating circumstances to breed from a bitch twice within twelve months, I shall rest the bitch on the third season.
5. I shall not permit any of my pure bred dogs to be mated to a dog of a different breed, to a cross-bred dog, or to any unregistered dog of the same breed.
6. I shall not sell or otherwise transfer from my care any puppy under eight weeks of age, thus allowing for vaccination to be given at six weeks of age, and the necessary ten to fourteen days for the vaccine to take effect.
7. I shall ensure that all persons acquiring dogs from me clearly understand their responsibility for the care and welfare of the animal, and that they have the time and facilities (i.e. adequate fences, sufficient room and proper shelter etc) to perform their obligations.
8. I shall provide to all purchasers of dogs or placed by me, written details of all dietary and immunisation requirements and/or an appropriate publication relating to such requirements and responsible dog ownership.
9. I shall not sell any dog to commercial dog wholesalers, retail pet dealers or directly or indirectly to allow a dog to be given as a prize or donation in a contest of any kind.
10. I shall not knowingly, misrepresent the characteristics of the breed, nor falsely advertise or mislead any person regarding the performance of any dog.
11. I shall ensure when selling or transferring a dog to another person that documents as required by the ACT Canine Association Incorporated will be provided to the purchaser or transferee.

I/WE APPLY FOR MEMBERSHIP OF THE ACT CANINE ASSOCIATION INC. AND DECLARE THAT

- (1) I/we have never been convicted under the Cruelty To Animals ACT in any State or Territory.
- (2) I/ we am/are not currently under investigation or suspension by another Member Body of the Australian National Kennel Council.
- (3) I/we agree to abide by the Memorandum of Association, Rules and Regulations and Code of Ethics of the ACTCA Inc.
- (4) I/we intend on breeding in the future.

SIGNATURE/S
(All applicants must sign)

PRINT NAMES

DATE

OFFICE USE ONLY	
MEMBERSHIP NUMBER ISSUED	RENEWAL DATE