## Application for Title or Award

To process your application, Dogs ACT Office needs you to

- 1. Fill in this form;
- 2. Attach the required certificates; AND
- 3. Attach the dog's Certificate of Registration; and
- 3. Present or send these documents to the Office; and
- 4. Arrange payment of these services

Office only  A.C.T. Canine Association Inc.
Received on /
Checked by MbrFin Y/N
Total Due \$
EFT <i>or</i> DD <i>or</i> Cash <i>or</i> Cheque
Paid / /
ANKC database//
Inv #
Sash ordered///
Sash received//
Collection or Post

	Regis	tered Owner/s	
1	Member	ship Number/s	
		Address	
	Ph	none Number/s	
		mail Address/s	
Tit		ard applied for	
		gistered Name	
Dog's Registration Number		ration Number Do	og's Height (if applicable)
		Breed	
Would y	ou like t	to order a Congratulatory Sash?	 Total
f you w	ant a Br	eeder's certificate – please complete Breeders Nar	
	Br	reeders Name	
	Bree	eders Address	
		City/Suburb Territ	
		Dogs ACT details:	Details of your payment:
		Name of bank: St George Bank BSB: 112908	Amount:
	Direct		
		Account Number: 050051244	Date:
Pay by:	Debit:	Account Number: 050051244  Suggested Reference Info: YourName.Award/Title	

Card: Please phone the Office with your details

**Details of qualifying certificates or cards** Points / **Date** Affiliate's Name Judge **Details** Please attach additional pages if required. Declaration in signing this form

- I/We declare that the above details are correct and in accordance with qualifying certificates now in my/our possession.
- I/We agree to have the details of this/these awards published as required from time to time by Dogs ACT practice and ANKC Regulations.

If this application is found to be false in any way, the owner(s) and dog may be subject to disciplinate	ary
action including cancellation of the title and disqualification from further events.	

Signature & Date	