


# Application for: Membership

	<b>Office only:</b>
<small>A.C.T. Canine Association Inc.</small>	
Received on ..... / ..... / .....	
Checked by: .....	
Total Due: .....	
EFT or DD or Cash or Cheque	
Date Paid: ..... / ..... / .....	
Inv: # .....	
ANKC database: ..... / ..... / .....	
Spreadsheet: ..... / ..... / .....	
Post / Collect .....	

To process your application, Dogs ACT Office needs you to:

1. Complete the 1<sup>st</sup> and 2<sup>nd</sup> pages **this pdf has edita le fields** ;
2. Attach two forms of current identification showing your current residential address, e.g. drivers **li e se**, utility bill, etc.;
3. Present or send the above documents to the Office; and
4. Arrange payment of these services.

**New memberships must be approved by the Dogs ACT Council. Council meetings are held early each month.**

1<sup>st</sup> Applicant ..... 2<sup>nd</sup> Applicant (person residing at the same address)

Full Name \_\_\_\_\_

Phone/s: (M) \_\_\_\_\_ (M) \_\_\_\_\_

Email/s: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Your dog breed/s: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Membership Type, please select 1 type:**

- \$105.00 **Single** – one (1) person over 18 years of age
- \$133.00 **Joint** – persons residing at the same address
- \$46.00 **Junior** – under 18 years of age or show Full Time Student Card. Date of birth: \_\_\_\_\_
- \$78.00 **Concession (Single)** – requires Concession Card or Full Time Student Card. Card number: \_\_\_\_\_
- \$100.00 **Concession (Joint)** – requires Concession Card or Full Time Student Card. Card number: \_\_\_\_\_
- \$78.00 **Associate (Single)** – person over 18 years of age, no voting rights and no litter registrations
- \$100.00 **Associate (Joint)** – person over 18 years of age, no voting rights and no litter registrations

**Fees: the list of Fees is on our website, [dogsact.org.au/Forms & Fees](http://dogsact.org.au/Forms & Fees)**

Have you previously held a Dogs ACT membership? \_\_\_\_\_ Previous number: \_\_\_\_\_

Do you have an interstate Member Body membership? \_\_\_\_\_ Number: \_\_\_\_\_

Do you hold a financial prefix in another state to be transferred to Dogs ACT? \_\_\_\_\_

Please provide the prefix name/s: \_\_\_\_\_ and when financial to: \_\_\_\_\_

Do you hold an: ANKC Judging licence? \_\_\_\_\_ Which discipline/s? \_\_\_\_\_

ANKC Stewards qualification? \_\_\_\_\_ Which discipline/s? \_\_\_\_\_

Do you intend to breed? Yes / No Your breed mentor's name: \_\_\_\_\_ (in full)

Please note that to breed you must be a member for over 12 months and then pass a Dogs ACT examination, as per the Dogs ACT Regulations and Code of Ethics.

**Canine Activities:** Please mark the disciplines that you are **preparing for:**

Conformation	Agility	Rally	DWD	Tracking	Other:
Junior Handler	ScentWork	Obedience	Tricks	T&S	

Please read carefully as you are 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 *Animal Welfare Act 1992*).
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 eighteen months of age, and thereafter not more than once in each succeeding period of eighteen months. Provided however that should it be necessary through extenuating circumstances to breed from a bitch twice within eighteen 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 Dogs ACT will be provided to the purchaser or transferee.

**I/WE APPLY FOR MEMBERSHIP OF DOGS ACT AND DECLARE THAT**

- (1) I/we have never been convicted under any Animal Welfare legislation 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 Ltd (ANKC).
- (3) I/we agree to abide by the Constitution, Rules and Regulations and Code of Ethics of the ACT Canine Association Inc. (trading as Dogs ACT) and also the Regulations and Code of Ethics of the ANKC.

Name/s

Signature/s  
& Date/s

*All applicant/s must sign. By signing you acknowledge that you have read and understood the information supplied on all pages of this form*

	<b>Dogs ACT details:</b>	<b>Details of your payment:</b>
<b>Pay by:</b>	<b>Direct Debit:</b> Name of bank: St George Bank BSB: 112908 Account Number: 050051244 <i>Suggested Reference: MbrNew.YourName</i>	Amount: _____ Date: _____ Reference: _____
	<b>Please contact the office for correct monies to be deposited, BEFORE you make any payments by Direct Debit.</b> If you prefer to pay by card over the phone, please contact the Office on ph: 6241 4404 during the Office hours 9:30am to 2:30pm Tuesday to Thursday.	
	<b>Cheque or Money Order:</b>	Amount: _____ Number: _____

Have you provided two forms of current identification showing your current residential address, e.g. drivers licence, utility bill, etc.?