



A.C.T. Canine Association Inc.

**APPLICATION FOR ACCEPTANCE
TO THE
ENDURANCE TRIAL
JUDGES TRAINING SCHEME**

APPLICANT INFORMATION

Name:		First Name:	
Current Address:			
City:	State:	Postcode:	
Phone:		Mobile:	
Email:			
Dogs ACT Membership No:		Date Joined:	

APPLICANT DECLARATION

I declare that:

- (i) I have been a member of the Dogs ACT or another Controlling body for at least three (3) years
(Give details if other than the Dogs ACT):
- (ii) I am over eighteen (18) years of age
- (iii) I am resident in the ACT
- (iv) I have personally trained and trialed a dog to its' Endurance Title (physical proof must be attached to the application)
- (v) I am physically fit and capable of judging in accordance with the Rules and if required I am prepared to undergo a medical fitness test and/or vision test at the discretion of the Member Body of ANKC Ltd. I further accept that my Member Body may at its absolute discretion refuse to grant any renewal or licence and may cancel or suspend for any period or vary in any way any licence already granted or to be granted

DETAILS OF THE DOG YOU PERSONALLY TRAINED AND TRIALED TO ITS' ENDURANCE TITLE (PHYSICAL PROOF TO BE ATTACHED)

Name:
Registration No:

APPLICANT'S SIGNATURE

Signed:	Date:
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APPLICATION FEE: \$65.00

PAYABLE AT THE TIME OF SUBMISSION OF APPLICATION

Preferred method of payment is by direct debit BSB: 112-908 Account: 050051244 Ref: ET-Surname. Please forward payment receipt with application. Alternatively, please contact Dogs ACT office to arrange payment.