



A.C.T. Canine Association Inc.

**APPLICATION FOR ACCEPTANCE
TO THE 2025 TRICK DOG
JUDGES TRAINING SCHEME**

CLASS: ALL

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 an Australian Canine Controlling Body for 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, competed with and achieved a minimum of two (2) qualifying certificates for a dog in Starter class in Trick Dog Tests
- (v) I have experience in related club or training activities, in any ANKC discipline

DETAILS OF THE DOG YOU PERSONALLY TRAINED AND TRIALED TO IT'S TRICK DOG STARTERS QUALIFYING CERTIFICATES

Name:
Registration No:

DETAILS OF THE TRICK DOG STARTERS QUALIFYING SCORES WHICH YOU PERSONALLY ACHIEVED

Trial 1 – Club:	
Date:	Judge:
Trial 2 – Club:	
Date:	Judge:

APPLICANT'S SIGNATURE

Signed:	Date:

STATEMENT BY THE PRESIDENT/SECRETARY OF THE APPLICANT'S TRAINING CLUB



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I confirm that the applicant:

Applicant's Name:

is an active member at this Club and has been satisfactorily contributing to the club over the past two (2) years.

Name of Club Official (Please Print)

Signature of Club Official:

Office Held

Date:

Club:

**APPLICATION FEE: \$65.00
PAYABLE AT THE TIME OF SUBMISSION OF APPLICATION**