



# APPLICATION TO REJOIN AS A CONFORMATION JUDGE - TRAINEE SCHEME

FULL NAME : (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
Surname Christian Name

ADDRESS : \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

TELEPHONE No. : \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

MEMBERSHIP No. : \_\_\_\_\_ EMAIL: \_\_\_\_\_

PANEL STATUS CURRENTLY HELD IN GROUPS: \_\_\_\_\_

APPLICATION TO REJOIN THE TRAINEE SCHEME FOR GROUP/S: \_\_\_\_\_

**APPLICATION MUST BE SUBMITTED, WITH THE APPROPRIATE FEE IF  
APPLICABLE TO:**

**Dogs West, 602 Warton Road  
Southern River WA 6110**

## APPLICANT'S DECLARATION

I declare that 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 of licence and may cancel or suspend for any period or vary in any way any licence already granted or to be granted. (05/93, 7.2.1) (Amended 10/13 – 5.6.4) (Amended 10/14, 7.5.12) (Amended 08/15, EM#117) (Amended 10/15, 7.5.1.1)

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

## PAYMENT BY CREDIT CARD

Expiry Date: \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

- ☐ Bankcard  
☐ Mastercard  
☐ Visa

Card No.     -     -     -

Signature: \_\_\_\_\_

## OFFICE USE ONLY

Date Received:  
CAWA Membership: Fin/Unfin  
Updates  
ANKC Database:  
Judges Master:  
Judges List:  
CAWA Website:  
ANKC Website :