

## APPLICATION TO ASPIRE AS A FIELD TRIAL JUDGE

ANKC Website:

FULL NAME : (Mr/Mrs/Ms/Miss)_	Surname	Christian Name
ADDRESS :		
		P/Code
TELEPHONE No. :	(Home)	(Mobile)
MEMBERSHIP No. :	EMAIL:	
DATE OF BIRTH :	(applicant must	be at least 18 years of age).
CLOSING DATE	SUBMITTED WITH THE APPRO AS ADVERTISED IN THE CANI WARTON ROAD SOUTHERN R	NE NEWS TO
APPLICANT'S DECLARATION I declare that I am physically fit and prepared to undergo a medical fitness Ltd. I further accept that my Membelicence and may cancel or suspend for granted. (05/93, 7.2.1) (Amended 10/15, 7.5.1.1)	capable of judging in accordance we test and/or vision test at the discreter Body may at its absolute discreter any period or vary in any way ar	tion of the Member Body of ANKC ion refuse to grant any renewal of ny licence already granted or to be
SIGNATURE :		DATE:
	uccessful, the applicant must Rules for Field Trials for Utility (	<u>-</u>
PLEASE COMPLETE IN <u>FULL</u>	ALL REQUIREMENTS ON THE	REVERSE OF THIS FORM.
PAYMENT BY CREDIT CARD		OFFICE USE ONLY
Expiry Date: / Amount \$	☐ Bankcard	
Cardholders Name:	────	Date Received: CAWA Membership: Fin/Unfin
curunora vame.		<u>Updates</u>
Card No.	-	ANKC Database: Judges Master:
Signature:		Judges Master: Judges List: CAWA Website:

## INFORMATION REQUIRED FROM ASPIRING FIELD TRIAL JUDGES

Other appropriate information in support of tattached.)	required)		
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I am the holder of the following gun licence (If	required)		
Have successfully trained and competed with a	a dog at the level for which I am applying.		
Name of Club:	Date:		
Name of Club:	Date:		
Name of Club:	Date:		
Name of Club:	Date:		
Name of Club:	Date:		
in the preceding five (5) years.	Steward or Gun Steward at five (5) ANKC recognised T		
Australia, or overseas, who can provide evider period of five (5) consecutive years as a member Country of prior residence).	nce that his/her canine experience extends over a mini- per of the canine controlling body in the State, Territo		
(The Association will consider an application from a person transferring from another State or Territor			
Y	f application.)		
(Minimum period of 5 years prior to the date of			
Membership No.(s) and years (Minimum period of 5 years prior to the date of			

ALL REQUIREMENTS MUST BE <u>FULLY COMPLETED PRIOR</u> TO SUBMITTING THIS FORM.