



ABN 68 580 241 497

AUTHORISATION TO ACT ON BEHALF OF MEMBER

602 Warton Road Southern River WA 6110

Phone: 9455 1188

E-mail: k9@dogswest.com

Website: dogswest.com

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

MEMBER DETAILS

Full Name: _____

Membership Number: _____

Address: _____

Phone: _____

Email: _____

AUTHORISED PERSON DETAILS

Full Name: _____

Membership Number (if applicable): _____

Address: _____

Phone: _____

Email: _____

SCOPE OF AUTHORISATION

I, the undersigned, authorise the above-named individual to:

- Make enquiries with Dogs West regarding my membership or applications
- Submit documentation or applications on my behalf
- Collect documentation on my behalf

This authorisation **does not** permit the authorised individual to:

- Sign any document, declaration or form on my behalf
- Change any application or membership details without my written consent

This authorisation is valid from: ___ / ___ / _____

Until (optional): ___ / ___ / _____ or Ongoing until revoked in writing

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AUTHORISATION TO ACT ON BEHALF OF MEMBER Cont.

DECLARATION

I understand that I remain fully responsible for all actions taken on my behalf by the authorised person named in this form. This includes responsibility for any submissions or enquiries made by them, and I acknowledge that Dogs West may contact me to verify any communication or request.

I further acknowledge that, in accordance with Regulation 2.3 of the Dogs West Code of Ethics, I am responsible for any and all actions of my authorised person in relation to Dogs West activities and events. This includes, but is not limited to:

- Littering
- Damage
- Unacceptable behaviour
- Bullying

Member Signature: _____

Date: ___ / ___ / _____