

APPLICATION FOR A

Phone: 9455 1188 E-mail: k9@dogswest.com Website: www.dogswest.com

ABN 68 580 241 497

Please Note: Breeder's Prefix application must be accompanied by a completed 'Breeders Education Prefix Exam".

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

- 1. ONLY Financial Ordinary Members of the Canine Association of WA Inc. may apply for a Prefix.
- 2. After twelve (12) months of membership of an ANKC Ltd member body, a member who owns a main registered bitch may apply for the registration or transfer of a prefix.
- 3. Choices must consist of ONE word of no more than 12 letters.
- 4. The use of names of towns, places, countries, notable persons, common words, Christian names, Surnames or names that are misleading as to sex, origin or relationship, well known flora & fauna, dog breeds or names that depict violence may be refused.
- 5. If your choice is phonetically similar to an already existing prefix it may be refused.
- 6. Three (3) applications are covered by this fee.

REGISTERED IN THE NAME/S OF

TITLE	ALS	SURNAME				
Mr Mrs Miss Ms						
RESIDENTIAL ADDRESS		SUBURB		POSTCODE		
CAWA MEMBERSHIP NUMBER/S		TELEPHONE (HOME) (BUSINESS)				
I/We are not aware of any of the name approved to me is register.				seas, and if the Prefix		
Signature Signat		ture	Da	ate		
SUBMITTED CHOICES. (To av	roid error, words that are	unclear will NOT be su	bmitted)			
1.	2.		3.			
4.	5.		6.			
7.	8.		9.			

- 2. All bitches used for breeding must be in the same ownership as that of the kennel prefix.
- 3. A husband and wife in partnership may not use a Prefix that is registered in only one of their names. Likewise other members of a family may not use a Prefix that is registered in one member's name only.
- 4. Once submitted, the information contained herein will become the property of the CAWA and used as determined by
- 5. This application is processed by a National Bureau. Applications may take 8 to 12 weeks to be processed.

PAYMENT BY CREDIT CARD

OFFICE USE		Expiry Date:	/	Amount §	;		Bank	kcard
RECIEPT No.	AMOUNT	Cardholders Name:				_	Mast Visa	tercard
DATE RECEIVED	DATE POSTED	Card No.						
		Signature:				 	 	