



APPLICATION TO ASPIRE/ ELEVATE AS A TRICK DOG JUDGE

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

ADDRESS : _____

_____ P/Code _____

TELEPHONE No. : _____ (Home) _____ (Work)

EMAIL ADDRESS: _____

MEMBERSHIP No. : _____

DATE OF BIRTH : _____ (applicant must be at least 18 years of age).

APPLICATION MUST BE SUBMITTED WITH THE APPROPRIATE FEE BEFORE
CLOSING DATE AS ADVERTISED IN THE CANINE NEWS
To: CANINE ASSOCIATION Of WA (Inc.), 602 Warton Rd, Southern River WA 6110
Email - k9@dogwest.com

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: _____

PLEASE COMPLETE IN FULL ALL REQUIREMENTS ON THE REVERSE OF THIS FORM.

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____
Cardholders Name: _____
Card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []
Signature:

- Bankcard
 Mastercard
 Visa

OFFICE USE ONLY

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

INFORMATION REQUIRED FROM ASPIRING TRICK DOG JUDGES

1. Length of continuous membership of CAWA or other ANKC affiliate _____ years.

CAWA Membership No.(s) and years _____

(Minimum period of 3 years prior to the date of application and be a current financial member.)

2. Have personally trained, competed with and achieved a minimum of two (2) qualifying certificates for a dog in Starter class in Trick dog Tests

(Please attached supporting documentation i.e. copies of title certificates, catalogue entries etc)

3. Evidence of experience in related Club or Training activities in any ANKC discipline

Activity: _____

Details : _____

Relevant dates: _____

Activity: _____

Length of Time: _____

Relevant dates: _____

(Please attach any supporting information i.e. Statement of support from club concerned)

4. Any other appropriate information in support of this application. (If insufficient space, further detail maybe attached.)

5. I wish to apply to elevate as a Trick Dog Judge, please attach appropriate information in support of this application for Elevation to the next stage.

**** Please note the fee applicable to elevate is the cost of a theory exam and practical exam – refer current fees list ****

I certify that the above and attached information is correct and that I am physically capable of judging in accordance with the Rules and Regulations and in the normally accepted manner.

SIGNATURE _____ DATE _____

**** ALL REQUIREMENTS MUST BE FULLY COMPLETED PRIOR TO SUBMITTING THIS FORM ****

**** APPLICATIONS WILL NOT BE CONSIDERED THAT ARE NOT ACCOMPANIED WITH ALL OF THE ABOVE REQUIREMENTS ****