

COLLECTION AGENT APPLICATION FORM



Name:

Mobile Number:

Membership Number:

Email Address:

Residential Address:

Experience (Please supply any items of specific areas of interest that you feel would be beneficial to your application):

Do you attend Dog Events:

Yes: ☐

No ☐

If yes how often?

Do you have access to your own Microchip scanner:

Yes: ☐

No ☐

☐ I agree to have my mobile details made public for membership to access.

☐ I agree to have my email details made public for membership to access.

☐ I agree to have my Suburb details made public for membership to access.

☐ The next stage of the application process is to view a video and undertake an exam. (please select to confirm your acceptance of this)

Send completed form to julana@dogsqueensland.org.au