

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](mailto:julana@dogsqueensland.org.au)