

**APPLICATION FOR REGISTRATION IN THE SPORTING REGISTER**

This Application will ONLY be accepted if: (1) You are a current member of the CCC(Q) Ltd or an Application for Membership with appropriate fees is attached, (2) The dog concerned is currently registered with an ANKC recognised working dog association or kindred body and (3) The dog's microchip number is provided below.

Name of Dog: .....

Breed of Dog: .....

Colour of Dog: ..... Date of Birth: ..... / ..... / 20.....

Sex: Male  Female  Neuter  Spayed  (Tick appropriate box)

Registered Association / Kindred Body: .....

Address: .....

..... Post Code: ..... Phone: .....

Dog's Registration Number: .....

***(Attach proof of Current Registration with Association / Kindred Body where dog is registered)***

Microchip Number of Dog: .....

Name of Registered Owner(s): .....

Address: .....

..... Post Code ..... Contact Phone Number: .....

Owner's CCC (Q) Ltd Membership Number: .....

All Owners must sign – the ownership of the dog should be in exactly the same name as the Membership.

Signature(s): ..... Date: ..... / ..... / 20.....

Signature(s): ..... Date: ..... / ..... / 20.....

Sporting Registration No.
OFFICE USE ONLY

**WORKING DOGS:**

Dogs registered with an ANKC recognised working dog association or kindred body are able to compete in Herding Trials organised under the auspices of an ANKC Body. Such dogs must be registered with the ANKC and the owner and handlers must be members of the CCC(Q) Ltd. Such dogs are to be allowed to compete without prejudice to sexual status in that they are not required to be neutered and may be bred as acceptable by the working registry they are registered with.

**DOGS QUEENSLAND**  
PO BOX 1136, MT OMMANEY QLD 4074  
PHONE (07) 3252 2661, FAX (07) 3252 3864



Email: [info@dogsqueensland.org.au](mailto:info@dogsqueensland.org.au), Website: [www.dogsqueensland.org.au](http://www.dogsqueensland.org.au)

**CREDIT CARD PAYMENT DETAILS**

NAME: \_\_\_\_\_ MEMBERSHIP NUMBER: \_\_\_\_\_

MASTERCARD  VISA  (tick one box)

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CARD EXPIRY DATE: \_\_\_\_ - \_\_\_\_

AMOUNT \$ \_\_\_\_\_ CARDHOLDER'S PHONE NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_