## **DOGS QUEENSLAND**

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



Email: info@dogsqueensland.org.au, Website: www.dogsqueensland.org.au

## APPLICATION FOR INCLUSION IN CONFORMATION JUDGES TRAINING PROGRAM APPLICATIONS CLOSE: 30th NOVEMBER EACH YEAR

NAME				
TELEPHONE: (H	)	(W)	(M)	
EMAIL:			DATE OF BIRTH	
MEMBERSHIP No		PR	EFIX	
No. OF YEARS' M	EMBERSHIP	(Must be Financial	for a Minimum of Eight (	8) Consecutive Years)
CLUB EXECUTIV	I THE 'CLUB ACTIVITY' E THAT DEMONSTRAT R OPERATION OF AN A	ES SIGNIFICANT AN	ND CONTINUED PÀF	RTICIPATION IN THE
THE PREVIOUS	MBERS CURRENTLY R CONTROLLING BODY D AND WHETHER ANY	STATING THE LEN	GTH OF MEMBERS	
	IPLETED THEIR STEWA WRITERS COMMITTEE HED)			
	XPERIENCE IS REQU DWING STEWARDING ( 1S):			
YOU HAVE BEEN	A QUEENSLAND RESID	DENT FOR	YEARS.	
PREVIOUS NAME	EVIOUS NAME (IF CHANGED WHILST A MEMBER):			
	P(S) OR SPECIALIST BR			
	S) – IN ORDER OF PREF			
STATE NUMBER (	OF LITTERS BRED AND	BREEDS:		
	MPIONS BRED:			
STATE SUCCESS	IN SHOW RING:			

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REASON FOR ENTERING THE JUDGING S	SYSTEM:				
I declare that I am physically fit and conversant with the Member Body and ANKC Ltd Rules and that I am capable of judging in accordance with those Rules and in the normal accepted manner, 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 the Member Body may 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 may grant, in part, only an application for renewal of licence."					
(Signature)	(Date)				