

CANINE DISC AUSTRALIA LTD

ABN 29161770234



APPLICATION FOR CANINE DISC TITLE

Member/s Details:

Your Name _____	Mem No _____	
Your Name _____	Mem No _____	
Your Address _____		
Suburb _____	State _____	Postcode _____
Email (Please print neatly) _____		
Contact Number H: _____	W: _____	M: _____

Canine Details: (you will need to include all current titles after your dogs name)

Name _____	Reg No: _____
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Title Applied For: _____

Please Note: All owners must be financial members of the CANINE DISC AUSTRALIA LTD (CDA) before any dog is entered in any Canine Disc Event. Failure to comply with the Regulation may result in the forfeit of all results/certificates gained by the dog and refusal of the application.

IMPORTANT: All qualifying certificate details are to be listed on the reverse side of this application.
All Qualification Certificates are to be sent in with this form.
Applications will not be processed without them.

Please allow 14 days for processing of Applications for Dog Titles. Any enquiries should be made a minimum of 21 days after dispatch of Applications

<i>Membership Verified</i>		<i>Registration Verified</i>	
<i>Approved</i>		<i>Title No</i>	
<i>Cert Issued</i>		<i>Rosette Issued</i>	

DETAILS OF QUALIFYING CERTIFICATES

DATE	HOST CLUB	NAME OF EVENT or NAME OF GAME	ROUND	POINTS SCORED	OFFICE USE
..... / / 20.....					
..... / / 20.....					
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Please tick the appropriate box:

- APPLICATION for Title (Rosette and Certificate) \$30.00**
- APPLICATION for Sports Awards \$35.00**
- APPLICATION for Title (Certificate only, no Rosette) including Multipliers of Titles \$15.00**
- Additional Title Certificate (to give to Breeder / Family / Friends etc) \$10.00**
- Postage/Handling As I am unable to pick up at Competition \$10.00**

Payment Method:

- Cash**
 Cheque
 Direct Deposit - DD Rec # _____

I / We declare that all information provided on this application is correct and in accordance with Qualifying Certificates now in my / our possession, and acknowledge that these certificates must accompany this form for verification.

THE APPLICATION IS TO BE SIGNED BY ALL OWNERS/HANDLERS

1. SIGNATURE: _____ **DATED:** ____ / ____ / ____
2. SIGNATURE: _____ **DATED:** ____ / ____ / ____

Cheques/Money Orders should be made payable to: **CANINE DISC AUSTRALIA LTD.**

DIRECT DEPOSIT DETAILS
Please use your name as a reference

Application Form along with Cheques/Money Orders should be sent to:

CDA SECRETARY
CANINE DISC AUSTRALIA LTD.
 30 Walker Lane
 Woodford, QLD, 4514

Bank Of QLD
Canine Disc Australia LTD
 A/C Number [21939480](#)
BSB 124194

Your Application Form still needs to be signed & Posted to **CDA Secretary** or Emailed to <mailto:caninediscaustralia@gmail.com>