

## APPLICATION TO ASPIRE AS A TRACKING TRIAL JUDGE

FULL NAME : (Mr/Mrs/Ms/Miss)		
	Surname	Christian Name
ADDRESS :		
		P/Code
TELEPHONE No. :	(Home)	(Mobile)
EMAIL ADDRESS:		
MEMBERSHIP No. :		
DATE OF BIRTH :	(applicant m	ust be at least 18 years of age).
CLOSING DAT DOGS WEST 602  APPLICANT'S DECLARATION I declare that I am physically fit and prepared to undergo a medical fitness	d capable of judging in accordances test and/or vision test at the dis	ANINE NEWS to RIVER WA 6110  e with the Rules and if required I am scretion of the Member Body of ANKC
licence and may cancel or suspend f	or any period or vary in any way	retion refuse to grant any renewal of y any licence already granted or to be 7.5.12) (Amended 08/15, EM#117)
SIGNATURE :		DATE:
= =	successful, the applicant mu Rules for Tracking Trials.	st achieve a pass in a written
PLEASE COMPLETE IN <u>FUL</u>	<u>L</u> ALL REQUIREMENTS ON T	HE REVERSE OF THIS FORM.
PAYMENT BY CREDIT CARD		OFFICE USE ONLY
Expiry Date: / Amount \$ _  Cardholders Name:	☐ Bankcard ☐ Mastercard ☐ Visa ☐	Date Received: CAWA Membership: Fin/Unfin Updates ANKC Database: Judges Master: Judges List: CAWA Website: ANKC Website:

## INFORMATION REQUIRED FROM ASPIRING TRACKING TRIAL JUDGES

SIGNA	TURE DATE	-
	that the above (and attached) information is correct and that I am physically capable of judging nce with the Rules and Regulations and in the normally accepted manner.	; in
4.	Should you wish to apply for inclusion under the special eligibility clause, please attach written proof of your case.	f
3.	Other appropriate information in support of this application. (If insufficient space, further detail mattached.	ybe
	Details:	
2.	I have trained a dog and trialled a dog to a Tracking Dog title and in addition have stewarded at least sanctioned Tracking trials.	two
	(The Association will consider an application from a person transferring from another State or Territory Australia, or overseas, who can provide evidence that his/her canine experience extends over a minim period of three (3) consecutive years as a member of the canine controlling body in the State, Territory Country of prior residence).	ium
	(Minimum period of 3 years prior to the date of application.)	
	Dogs West Membership No.(s) and years	-
1.	Length of continuous membership of Dogs West or other ANKC affiliate	3.

ALL REQUIREMENTS MUST BE  $\underline{\text{FULLY COMPLETED PRIOR}}$  TO SUBMITTING THIS FORM.

APPLICATIONS <u>WILL NOT</u> BE CONSIDERED THAT ARE NOT ACCOMPANIED <u>WITH ALL</u> OF THE ABOVE REQUIREMENTS.