APPLICATION FOR A LENGTH OF MEMBERSHIP AWARD

CANINE ASSOCIATION OF WA
ABN 68 580 241 497

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Phone: 9455 1188
E-mail: reception@dogswest.com
Website: dogswest.com

Applications are accepted annually from **1 July to 30 June**, with a **closing date of 30 June** each year.

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

1. APPLICANT DETAILS

FULL NAME:	MEMBERSHIP NUMBER:

POSTAL ADDRESS	SUBURB	POSTCODE

PHONE	EMAIL

PREVIOUS NAME(S) (IF APPLICABLE)

If you have changed your name during period of membership, please provide supporting documentation.

☐ Marriage Certificate ☐ Change of Name Certificate ☐ Statutory Declaration
☐ Other: _____

2. MEMBERSHIP RECOGNITION BEING CLAIMED

Please indicate the award you are applying for:

☐ 10 Years
☐ 20 Years
☐ 30 Years
☐ 40 Years
☐ 50 Years
☐ Other: _____

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3. MEMBERSHP HISTORY

Year you first became a member of Dogs West (Canine Association of WA): _____

Have you held continuous membership since that date?

☐ Yes
☐ No

If no, please provide details of any breaks in membership:

4. SUPPORTING EVIDENCE (PRE-1995 MEMBERSHIP ONLY)

Where membership prior to 1995 cannot be verified through the Dogs West database, applicants must provide supporting evidence.

Evidence may include (but is not limited to):

☐ Correspondence from CAWA
☐ Breeders Prefix records
☐ Judges Licence records
☐ Historical copies of *Canine News*
☐ Show catalogues
☐ Breeding records
☐ Club minutes
☐ Perpetual trophy records
☐ Other supporting documentation (please specify)

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DECLARATION

I, _____ (full name), declare that:

1. The information provided in this application is true and correct to the best of my knowledge.
2. Any supporting documentation attached is genuine and provided in support of my claim for recognition of length of membership.
3. I understand that Dogs West may request further information or clarification in relation to this application.
4. I understand that if my membership claim includes years prior to 1995, it is my responsibility to provide sufficient evidence to support the claim.
5. I understand that submission of this form does not guarantee approval, and all applications are subject to verification by Dogs West.

Signature: _____

Date: _____

Office Use Only

Date Received: _____

Award Applied For: _____

Membership Verified in Database:

☐ Yes
☐ No
☐ Partially

Pre-1995 Evidence Provided:

☐ Yes
☐ No
☐ Not Applicable

Application Outcome:

☐ Approved
☐ Not Approved
☐ Deferred Pending Further Information

Approved Award Level: _____

Authorised By: _____

Date: _____