## APPLICATION FOR REPLACEMENT CERTIFICATE OF REGISTRATION

BREED:	SEX:		
NAME OF DOG:	REGISTRATION N	REGISTRATION NUMBER:	
REGISTERED OWNERS DETAILS			
NAME:	MEMBERSHIP NUM	MEMBERSHIP NUMBER	
RESIDENTIAL ADDRESS	SUBURB	POSTCODE	
POSTAL ADDRESS	SUBURB	POSTCODE	
TELEPHONE (Home)	TELEPHONE (Bus/	TELEPHONE (Bus/Mobile)	
SIGNATURE:	DATE:	DATE:	
OTE: A Declaration giving full particula Duplicate Certificate will only be issue	rs of the loss of the original must be	provided in the space below	
OTE: A Declaration giving full particula	rs of the loss of the original must be d to the registered owner of the dog.	provided in the space below	
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FEE: \$10.00

Plus .50c postage

The completed application should be forwarded to:

The Secretary North Australian Canine Association Inc.

PO BOX 37521 WINNELLIE NT 0821 Phone: (08) 8984 3570

Together with the applicable fee.