



# DOGS NT

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## TRIAL JUDGES RENEWAL FORM

I request that my name be retained on the Panel of Trial Judges for: 20 .....

**NOTE: Rule 5.1.7:** All Approvals shall expire on the 31st day of December of each year (subject to 5.1.9).

Judges are required to pay Membership and Judge's renewal fees prior to this date.

<b>Obedience:</b>	CCD <input type="checkbox"/>	Novice <input type="checkbox"/>	CDX <input type="checkbox"/>	UD <input type="checkbox"/>	UDX <input type="checkbox"/>
<b>Agility:</b>	<input type="checkbox"/>	<b>Jumping:</b>	<input type="checkbox"/>	<b>Games:</b>	<input type="checkbox"/>
<b>Rally:</b>	<input type="checkbox"/>	<b>Tracking:</b>	<input type="checkbox"/>	<b>Track &amp; Search:</b>	<input type="checkbox"/>
<b>Retrieving:</b>	Novice <input type="checkbox"/>	Restricted <input type="checkbox"/>	All Age <input type="checkbox"/>	Championship <input type="checkbox"/>	
<b>RATG:</b>	<input type="checkbox"/>	<b>Endurance:</b>	<input type="checkbox"/>	<b>Trick Dogs:</b>	<input type="checkbox"/>
<b>Scent Work:</b>	<input type="checkbox"/>				

<b>Full Name</b> (inc Title: Mr, Miss, Dr etc)			
<b>Postal Address</b> (inc Post Code):			
<b>Residential Address</b> (if different from Postal):			
<b>Membership Number:</b>		<b>Phone Number:</b>	
<b>Email Address:</b>			
* 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.			
<b>* Signature:</b> See note below		<b>Date:</b>	

TO PAY BY CREDIT CARD:

MasterCard

Visa Card

(Please circle)

Card #: ..... Expiry Date: .....

Name on Card: ..... Amount: \$ .....

Cardholders Signature: ..... Date: .....