



# DOGSNT

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## TRIAL JUDGES - RENEWAL

I request that my name be retained on the Panel of Obedience and/or Rally O and/or Agility and/or Endurance Test and/or Retrieving Judge for the next financial year commencing 1 January \_\_\_\_\_

- Obedience:**
- Community Companion
  - Novice
  - Open
  - Utility
  - Utility Excellent

- Rally O:**
- RA
  - RA
  - RE
  - RM

- Endurance:**  Endurance

- Agility:**
- Agility
  - Games

- Retrieving:**
- RATG
  - Novice
  - Unrestricted
  - All Age
  - Championship

- Tracking:**
- Tracking
  - Track and Search

<b>Full Name</b> (inc Title):			
<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>			
<b>Rule 5.1.7:</b> All Approvals shall expire on the 31st day of December of each year (subject to 5.1.9). Judges will be requested to pay both membership and judge's renewal fees in advance to permit the early preparation of the ANKC Judges Lists for the following year.			
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>	

**\* I hereby declare that all the information provided herein is true and correct.**

**TO PAY BY CREDIT CARD:**                      MasterCard                      Visa Card                      (Please circle)

**Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      **Expiry Date:** \_\_\_\_\_ / \_\_\_\_\_

**Name on Card:** \_\_\_\_\_                      **Amount:** \$ \_\_\_\_\_

**Cardholders Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_