

REGISTERED DOG'S DETAILS

(ORDINARY / PENSIONER / COUNTRY / JUNIOR)

NOTE: If the dog is jointly owned (Mr & Mrs) then a Double Membership must be applied for.

BREED.
REGISTERED NAME.
REGISTRATION. No.

ASSOCIATE MEMBERSHIP:

Associate Dog's details (non-registered or sterilised dog, includes Cross-Breeds).

PLEASE COMPLETE AND ATTACH A SEPARATE APPLICATION TO REGISTER AN ASSOCIATE DOG

Form available from the office or download from the website

PLEASE NOTE:

If you are the registered owner of a pedigree bitch, and you wish to breed, then you should also ask for an 'APPLICATION FOR A PREFIX' which will be the registered Breeder's Prefix that will be used for all puppies you breed. The application and Open Book Examination is available from the CAWA website www.cawa.asn.au

Regulation A84.1

Effective from 1st July 2004, on payment of the applicable fee, set out in the Fees List, a member may apply for the registration of a prefix. Such application shall be made on the form prescribed by the CAWA and MUST be accompanied by a completed Open Book Examination based on an appropriate Guidelines for Breeders Booklet.

OFFICE USE ONLY

DATE RECEIVED	RECEIPT No.
MEMBERSHIP No.	DATE POSTED

MEMBERSHIP FEES

NOMINATION FEE \$ 35.90
 NOMINATION FEE JUNIOR \$ 14.40

MEMBERSHIP FEE (12 MONTHS)

Ordinary Single / Associate Double / Country Double \$ 71.60
 Ordinary Double \$100.30
 Associate / Country Single \$ 50.10
 Pensioner Single or Double \$ 35.90
 Junior WITH Journal \$ 40.90
 Junior NO Journal \$ 20.50
 Handler under 18 years of age \$ 26.10
 Handler over 18 years of age \$ 35.90
ADD (if required)
 Transfer of Dog (Main Register) \$ 28.70
 (Limited Register) \$ 15.70

TOTAL DUE \$

PAYMENT BY CREDIT CARD

- Bankcard
- Mastercard
- Visa

Expiry Date: ____ / ____ Amount \$ ____

Cardholders Name: _____

Card No.

□□□□	-	□□□□	-	□□□□	-	□□□□
------	---	------	---	------	---	------

Signature: _____

APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED

Canine Association of WA Inc.
Cnr Ranford & Warton Rds Southern River
 P O Box 1404 CANNING VALE WA 6970
 Phone: 9455 1188 Fax: 9455 1190
 Office Hours 8am - 5 pm
 Phone Enquiries 9 am - 4 pm
 E-mail: k9@cawa.asn.au

Visit us on the web www.cawa.asn.au



Canine Association of WA (Inc).

ABN 68 580 241 497

MEMBERSHIP APPLICATION

TITLE	
Mr Mrs Miss Ms	BLOCK LETTERS
SURNAME	
GIVEN NAMES	
RESIDENTIAL ADDRESS (must be stated)	
SUBURB	POSTCODE
POSTAL ADDRESS (if different from residential address)	
SUBURB	POSTCODE
TELEPHONE (HOME)	(BUSINESS)
FAX (HOME)	(BUSINESS)
Pensioner No. (If claimed) Not Health Care Card.	

Dogs Deserve Responsible Owners

Proudly Supported by



KENNEL, FIRM OR COMPANY ONLY (Nominated person/s to act on behalf of the Kennel, Firm or Company).

NAME IN FULL (GIVEN NAMES THEN SURNAME)	
RESIDENTIAL ADDRESS (must be stated)	
SUBURB	POSTCODE
MEMBERSHIP NUMBER	SIGNATURE
NAME IN FULL (GIVEN NAMES THEN SURNAME)	
RESIDENTIAL ADDRESS (must be stated)	
SUBURB	POSTCODE
MEMBERSHIP NUMBER	SIGNATURE

MEMBERSHIP CLASSIFICATIONS

ORDINARY

SINGLE: Any person who owns or part owns a live pedigree dog registered with any Australian State Control recognised by the ANKC.

DOUBLE: Any two persons who jointly or individually own a live pedigree dog/s registered with any Australian State Control recognised by the ANKC.

KENNEL, FIRM OR COMPANY: Where membership is in the name of Kennel, Firm or Company, one or two persons must be nominated to act on behalf of the Kennel, firm or company. Kennel membership subscriptions shall be single or double depending on the number of persons nominated. (Where a representative of a company is to sign documents on behalf of the company an extract of the Minute of the meeting of directors of the company which appointed him to sign in the capacity is to be submitted to the Association. The extract is to be signed by the Chairman and Secretary of the meeting).

NOTE: Members intending to register puppies should apply for a 'PREFIX' 2 months before the expected date of birth of the puppies.

CONCESSIONAL (See Notes)

COUNTRY: Available for members residing more than 90 km from the Perth GPO.

PENSIONER: Available to individuals holding an approved Social Security Services Pension Card. The card must be shown to the Association for checking purposes (Photocopy of both sides acceptable).

ASSOCIATE: Any person may become an Associate Member on payment of such subscription as the Council may decide.

JUNIOR: Any person under the age of 18 years who is the registered owner or part owner of a live dog registered with any member body of the ANKC. (Junior NO journal is available to those Juniors whose Parent/Guardian is a financial member of the CAWA).

HANDLER: Junior (under 18 years of age), Senior (over 18 years of age). Any person who handles a dog in any Sanctioned Event.

NOTES:

1. Concessions do not apply to members who are applying for, or own a prefix or who have registered a litter with the Canine Association of Western Australia Inc. within the last year.
2. Only one type of concession may be applied to each subscription.
3. Concessions do not apply to double memberships unless both members qualify for the concession.
4. Double membership is not available to Junior Members.
5. To enter Obedience Trials with an unregistered dog (crossbreed or pedigreed) it is necessary that the dog's details are recorded by the Canine Association of Western Australia Inc. and a fee is payable to register the dog for life.
6. Members who join the Canine Association of Western Australia Inc. as Associate members and subsequently obtain a registered dog, should advise the Association, in writing of the details so their membership status may be updated to include eligibility to show/breed.

CATEGORY OF MEMBERSHIP APPLIED FOR

(Tick one square only).

ORDINARY	<input type="checkbox"/>	KENNEL/COMPANY	<input type="checkbox"/>
ASSOCIATE	<input type="checkbox"/>	JUNIOR WITH JOURNAL	<input type="checkbox"/>
COUNTRY	<input type="checkbox"/>	JUNIOR NO JOURNAL	<input type="checkbox"/>
SUBSCRIPTION	<input type="checkbox"/>	HANDLER Junior	<input type="checkbox"/>
PENSIONER (See Note 1.)	<input type="checkbox"/>	HANDLER Senior	<input type="checkbox"/>

DATE OF BIRTH (Juniors Only)	Parent/Guardian CAWA No.
SIGNATURE of Parent/Guardian of Junior Member)	

I/We agree to be bound by the Constitution, Rules & Regulations and the Code of Ethics of the Canine Association of Western Australia Inc. **Our remittance for Membership and/or Transfer is enclosed herewith.**

Signature _____ Date _____

Signature _____ Date _____

NOMINATION DETAILS. You must be nominated twice before being accepted as a member, this can be done by someone you know, who is a member, or by members on receipt at the office.

1. NOMINATED BY:
2. NOMINATED BY:

PLEASE COMPLETE ALL DETAILS