



**CANINE ASSOCIATION OF
WESTERN AUSTRALIA (INC.)**

ABN 68 580 241 497

**APPLICATION
FOR A TITLE
CERTIFICATE**

P O Box 1404 CANNING VALE WA 6970

Phone: 9455 1188 Fax: 9455 1190

E-mail: k9@cawa.asn.au

Website: www.cawa.asn.au

**OBEDIENCE / AGILITY / JUMPING / TRACKING / ENDURANCE /
RETRIEVING / HERDING**

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS

TITLE APPLIED FOR

NAME OF DOG

REG. No.

BREED

SEX

DATE OF BIRTH

DETAILS OF REGISTERED OWNER

TITLE

INITIALS

SURNAME

Mr Mrs Miss Ms

RESIDENTIAL ADDRESS (must be stated)

SUBURB

POSTCODE

CAWA MEMBERSHIP NUMBER

TELEPHONE (HOME)

(BUSINESS)

NOTE: Please attach a copy of the Certificate of Registration for your dog and copies of the awards gained. Awards should be listed below in the order in which they were obtained. The earliest award should be listed first.

| DATE | CLUB | JUDGE | PTS | CHECKED |
|------|------|-------|-----|---------|
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FEES:

(strike out the items **NOT** required)

TITLE CERTIFICATE \$

UPDATED CERTIFICATE OF REGISTRATION
(Attach Original) \$

POSTAGE \$ 2.00
(If postage is not paid Certificate will be available from the office for collection).

ADD (if required)
LAMINATING \$ 3.00

TOTAL FEES ENCLOSED \$

PAYMENT BY CREDIT CARD

Expiry Date: ____ / ____ Amount \$ _____

Cardholders Name: _____

Card No. [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []

Signature:

- Bankcard
- Mastercard
- Visa

OFFICE USE ONLY

| | | | |
|-------------|-----------|--------------|-------------|
| RECEIPT No. | DATE REC. | DATE ENTERED | DATE POSTED |
|-------------|-----------|--------------|-------------|

Please refer to the current fee list in the Canine News or website for applicable fee
APPLICATIONS SUBMITTED WITH INSUFFICIENT PAYMENT WILL BE RETURNED