



# The 13 Club

## APPLICATION FORM

Name of German Shepherd: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male / Female

Name/s of Owner:

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Are you currently a member of the GSDCQ? Yes / No

Name/s of Breeder:

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Please attach a copy of the Dogs Queensland (CCC) Registration Certificate

Signature of owner/s: \_\_\_\_\_

Email completed form to: [secretary@gcdcqld.org.au](mailto:secretary@gcdcqld.org.au)