

## **APPLICATION FORM**

Name of German Shepherd:	
Date of Birth:/	
Sex: Male / Female	
Name/s of Owner:	
Address:	
Postc	ode
Email Address:	
Are you currently a member of the GSDCQ? Yes / No	
Name/s of Breeder:	
Address:	
Postc	ode
Please attach a copy of the Dogs Queensland (CCC) Registration	ı Certificate
Signature of owner/s:	
Email completed form to: showsec@gsdcqld.org.au	

If possible please include a high res photograph for publication on social media and newsletter.