



## DOGS NSW – SASH ORDER FORM

COLLECT FROM DOGS NSW OFFICE

POST

Breed:			Sex: M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/>
Registered Name of Dog:			
Registered Number of Dog:			
Owner's Name:	First:	Surname:	
Owners Membership Number:			
Postal Address:			
Suburb:	Postcode:	Phone:	
Email:			
Type of Sash Required		Quantity	

### PAYMENT DETAILS:

Credit Card type:  Mastercard  Visa

Card Number                    Expiry Date: / CCV No:

Name on Credit Card:

Signature of Cardholder:

Date:

This completed form should be forwarded to: The Secretary, DOGS NSW, P.O. Box 632, St Marys NSW 1790  
New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW  
Ph: 02 9834 3022 Email: [info@dogsnsw.org.au](mailto:info@dogsnsw.org.au)