

ROMC APPLICATION FORM

Forward to ROMC Chairperson:
Joanne Howe
85 Wolf Lane, Victoria BC V9A 7M2
conspirito20@gmail.com

Name of dog (include	e titles)		
Sex and Colour			
Breeder(s) name(s))		
Owner(s) name			
	LIST OF CH	HAMPION OFFSPRING (Includ	le Titles)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	if more the	an ten (10), please provide additional	names
		OTHER REQUIREMENTS	
(www.canadianshe	lties.ca). Email the image to R	OMC Chairperson – conspirito20@g	e ROMC section of the CSSA website gmail.com olease send photo by mail to address above.
Number of Certific	ates requested		
non-CSSA member	s). Payment by cheque to CSS	e include appropriate fee (\$5.00 each A Fanciers Inc. or PayPal (additional m with any questions or concerns.	h for CSSA members; \$10.00 each for fee will apply) or e-transfer.
Office use			
	Date received	Photo to CSSA website	Certificate mailed

Certificate printed

or Certificate presented at National

Robert Miller check