

APPLICATION FOR MEMBERSHIP OF ASSOCIATION  
**CATS NSW Incorporated**  
 (Incorporated under the Associations Act 2009)



updated 5<sup>th</sup> June 2017

I (First Name)		Surname	
I (First Name)		Surname	
Residential Address			
Home Phone	Mobile	Email	
Cat Breed/s to be shown or bred.		Name of Prefix/s to be Transferred	

I/We hereby apply to become a member of Cats NSW Inc. In the event of my/our acceptance as a member, I/We agree to abide by the Constitution, the Rules and Regulations, and the Codes of Ethics of Cats NSW Inc. for the time being in force. As a Registered Breeder I/we understand that by signing this membership application, I/We have read the Cats NSW Inc. Breeders Code of Ethics and I/We agree to abide by the Cats NSW Inc. Breeders Code of Ethics. I/We understand that this application will not be a valid membership until it is accepted by the Committee of Cats NSW Inc. and all fees pertaining to it are paid to Cats NSW Inc. Applicants including both Joint and Family Members must be residents of NSW or the ACT.

Postal Address (if different from residential address)		
Signature of Applicant	Signature of Applicant	Date
Name & Signature of Parent/Guardian if applicant under 18 years of age		Date
I, a member of the Cats NSW Inc., nominate the applicant for membership of the Cats NSW Inc.		Membership No
Signature of Proposer		Date
I, a member of Cats NSW Inc., second the nomination of the applicant for membership of Cats NSW Inc.		Membership No.
Signature of Seconder		Date

Please tick the appropriate membership category you wish to apply for:

<input type="checkbox"/>	Single	<input type="checkbox"/>	Joint	<input type="checkbox"/>	Family	<input type="checkbox"/>	Junior
<input type="checkbox"/>	Pensioner Single	<input type="checkbox"/>	Pensioner Joint	<input type="checkbox"/>	Associate (over 18)		
<input type="checkbox"/>	Transfer of Breeders Prefix. <b>Please complete the separate form – APPLICATION FOR TRANSFER OF PREFIX</b>						

Have you previously been under investigation for any matter related to any of your animals by any animal welfare organisation or cat registering body and if so, what were the results of this or these investigations?

YES / NO

If yes provide details:

Are you currently under investigation for any matter related to any of your animals by any animal welfare organisation or cat registering body?

YES / NO

If yes provide details:

Have you previously, or are, in the process of surrendering any of your animals to any welfare organisation. (This does not include re-homing of rescued cats, or re-homing mature breeding queens and studs).

YES / NO

If yes provide details:

Have you previously been or currently a member of another Feline Registry or Feline / Cat Control Body?

YES / NO if yes, please specify name of organisation: .....

Failure to provide true and accurate responses to the above questions, or, providing false or misleading information may render you ineligible to join Cats NSW Inc. Cats NSW Inc. reserves the right to deny membership application based on the responses to the above questions.

This membership application, if approved, and if applicable, is subject to your providing a copy of your letter of resignation from your current governing body."

**FEES PAYABLE – PAYABLE IF MEMBERSHIP APPLICATION IS APPROVED**

	New 1 July to 30 June (financial year)	New from 31 December to 30 June	Renewal 1 July Yearly
SINGLE	\$45.00	\$35.00	\$30.00
JOINT	\$65.00	\$55.00	\$50.00
FAMILY	\$80.00	\$70.00	\$65.00
JUNIOR	\$20.00	\$10.00	\$ 5.00
PENSIONER /SINGLE	\$30.00	\$15.00	\$15.00
PENSIONER / JOINT	\$50.00	\$25.00	\$25.00
ASSOCIATE OVER 18 YEARS	\$45.00	\$35.00	\$30.00

**Please DO NOT forward any Membership Fees or Prefix Transfer Fees until your application has been processed and approved. If your application is approved you will receive notice and advised of the fees required for payment**

Please forward your Membership Application to:

The Secretary CATS NSW Inc. PO Box 56 Hill Top NSW 2575 or email to [memberships@catsnsw.com.au](mailto:memberships@catsnsw.com.au)

Date Received	
Date of Membership Application Approved	
Membership Number	
Date of Membership Application Declined	

(office use only)