

APPLICATION FOR CLUB AFFILIATION



AFFILIATE NAME		
MAILING ADDRESS FOR CORRESPONDENCE		
NAME OF PRESIDENT	CATS NSW INC. MEMBERSHIP No.	EMAIL ADDRESS
NAME OF SECRETARY	CATS NSW INC. MEMBERSHIP No.	EMAIL ADDRESS
CLUB MEMBERS NAME	POSITION HELD	CATS NSW INC. MEMBERSHIP No (IF APPLICABLE)
APPLICATION FEE	\$ 100.00 PLUS INSURANCE LEVY ON A PER SHOW BASIS	
<p>The members of.....(club name) apply for Affiliation with CATS NSW Inc. in accordance with the Constitution and Rules of CATS NSW Inc. We the undersigned hereby certify that the details recorded above are true and correct to the best of our knowledge.</p> <p>President..... Date</p> <p>Secretary..... Date</p>		

Please make cheques payable to CATS NSW INCORPORATED

Direct Debit NAB BSB: 082240 Account: 393247556 Account name: CATS NSW INCORPORATED
Please attach a copy of the direct debit deposit or cheque with application and forward to:

The Secretary CATS NSW INC. PO Box 56 HILL TOP NSW 2575

Date Received		Approved		Declined	
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(Office use only)