

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 Funds Transfers (EFT) to CommBank - BSB: 062572 Account No: 10196375.
 Account name: Cats NSW Incorporated Show & Fundraising Account

The Secretary CATS NSW INC. PO Box 3033 Murrumbateman NSW 2582

Date Received		Approved		Declined	
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(Office use only)