

APPLICATION FOR REGISTRATION OF PREFIX



PLEASE PRINT 4 NAMES IN ORDER OF PREFERENCE – NO MORE THAN 10 LETTERS PERMITTED.

A PREFIX IS RESTRICTED TO ONE WORD (NO NUMBERS, HYPHENS OR APOSTROPHIES)

This form is only to be used when applying for a new Prefix

1 st CHOICE	2 nd CHOICE
3 rd CHOICE	4 th CHOICE

NAME OF APPLICANT/S	
ADDRESS	
HOME PHONE NUMBER	MOBILE PHONE NUMBER
EMAIL ADDRESS	
CATS NSW INC. MEMBERSHIP NUMBER (if applicable)	
BREED/S OF CAT/S APPLICANT INTENDS TO BREED	

I acknowledge that I have read and agree to abide by the Code of Ethics and The Rules & Regulations of CATS NSW Inc.

Signature/s of Applicants: Date :

Signature of Parent/Guardian if Applicant is under 18 years of age.

**IF YOUR APPLICATION IS APPROVED YOU WILL BE NOTIFIED OF THE PRESCRIBED FEE
BY THE SECRETARY OF CATS NSW INC.**

**PLEASE SUPPLY COPIES OF CERTIFICATES OF REGISTRATION & PEDIGREE OF ALL BREEDING CATS TO SUPPORT
THIS APPLICATION AND POST TO;**

CATS NSW Inc. SECRETARY
PO Box 3033 Murrumbateman NSW2582