

APPLICATION FOR
REGISTRATION OF A NEW PREFIX

(Form updated 18/04/2021)



1. Please print four (4) names in order of preference.
2. No more than ten (10) letters are permitted.
3. The prefix must be one word with no numbers, hyphens, apostrophies or special characters.
4. 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 Membership Number		Breed/s of Cat/s that the 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 Applicant/s:	Date:
Signature of Parent/Guardian: (if Applicant is under 18 years of age)	Date:

- If your application is approved you will be notified of the prescribed fee by the Membership Secretary.
- To support this Prefix application please supply copies of Certificates of Registration and Pedigrees of all breeding cats.

Post your application to: Membership Secretary - CATS NSW Inc. 34 Oaktree Grove, Prospect. NSW 2148	Or email it to: membership@catsnsw.com.au
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Office Use Only			
Date Application Received		Membership Number	
Date Registration Approved		Date Registration Declined	
Processed By		Signature	

*** Please ensure all details are correct and all paperwork is included. Incorrect and/or illegible applications will be returned.**