

APPLICATION FOR CLUB AFFILIATION

(Form updated 18/04/2021)



Affiliate Name		
Mailing Address (for return correspondence)		
Name of President	Cats NSW Inc. Membership no.	Email Address
Name of Secretary	Cats NSW Inc. Membership no.	Email Address
Club Members Name/s	Position Held	Cats NSW Inc. Membership no/s (if applicable)
Application fee		
	\$ 120.00 Includes 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>		

Payment Details			
Please make Cheques payable to:	CATS NSW INCORPORATED		
Please pay Direct Debit Fund Transfer (EFT) to:	CommBank	BSB: 062572	Account No: 10196375
Cats NSW Postal Address:	CATS NSW Incorporated, P.O. Box 480 Mt. Druitt NSW Post Code 2770		
Cats NSW Registrar Email Address:	registrar@catsnsw.com.au	Website:	http://www.catsnsw.com.au

Office Use Only				
Date	Received by	Signature	Approved (Y/N)	Declined (Y/N)

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