

Application For Club Affiliation

(Form Updated 16/1/2025)

Affiliate Name		
Postal Address		
Name of President	Cats NSW Membership Number	Email Address
Name of Secretary	Cats NSW Membership Number	Email Address

Club Members Name	Position Held	Cats NSW Inc Membership No (if applicable)

Application Fee	\$125.00 (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. including the Affiliate Members Rules & Regulations</p> <p>We the undersigned hereby certify that the details recorded above are true and correct to the best of our knowledge</p>	
Signature of President	Date
Signature of Secretary	Date

	Payment & Postal Details		
Please make Cheques payable to	Cats NSW Incorporated (Please note cheque payments will not be accepted after the 1st July 2025)		
Please pay Direct Debit / EFT (electronic funds transfer) to	CommBank BSB: 062572 Account No: 10196375 Account Name: Cats NSW Incorporated Show & Fundraising Account		
Post To	The Secretary Cats NSW Incorporated PO Box 478 Belconnen ACT 2616		
Secretary Email Address	secretary@catsnsw.com.au	Website	www.catsnsw.com.au

For office use ONLY			
Date received		Approved	Yes/No
		Date	