** CatsWA**

 (Feline Control Council of WA Inc).

 MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).

GPO Box 915 Cannington WA 6107

Email: catsWA01@gmail.com http://www.fcc-wa.com

**NEW MEMBERSHIP APPLICATION**

*Annual Renewal is due on the 1st Janauryr each year*

|  |  |
| --- | --- |
| **First Name** | **Surname** |
| **First Name** | **Surname** |
| **Residential Address** |
| **Postal Address (If different from residential)** |
| **Mobile** | **Home Phone** | **Email** |
| **IF UNDER THE AGE OF 18, PLEASE SUPPLY YOUR DATE OF BIRTH** |  | **Pension No.** |
| **Are you transferring from another Association** | **Yes No**  | **Association:** |
| **Do you intend to breed pedigree cats? Breed Yes No****Have you already purchased breeding cats Yes No Please provide details below** |  | **Exhibitor Only** |
| **Veterinarian Clinic Name:****Address:** |  | **Phone number:** |
| **Do you have a mentor? Yes No** |  | **Mentor Name:** |
| **Would you like a mentor? Yes No** |  |
| **Have you registered with your local shire?****Local shire details:**  | **Yes No** |
| **Provide any previous breeding experience:** |  |
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**Details of the cats you own**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **DATE****OF****BIRTH** | **BREED** | **COLOUR** | **PEDIGREE REGISTRATION NUMBER** | **MICROCHIP****NUMBER** | **ENTIRE** **OR****DESEXED** |
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**DECLARATION**

* 1. I/We hereby apply for new membership with the CatsWA
	2. I/We certify that I/we or any member of the household do not hold membership with any other Registering Body.
	3. I/we agree to be bound by the Constitution, Rules, Regulations and Code of Ethics of CatsWA as determined from time to time by the Governing Council of CatsWA.
	4. Associate Membership is only for owners of de-sexed or domestic cats.
	5. To remain financially current as a CatsWA Member each year and thereby be bound by the Constitution, Rules, Regulations and Code of Ethics of CatsWA and as determined from time to time by the Governing Council of CatsWA and of any decisions of the Management Committee.
	6. I/We have read, understood, and agree to abide by the **Code of Ethics** for Members**.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under the age of 18, a parent’s signature is required.

**SELECT TYPE OF MEMBERSHIP -**  *Pension card holders are to attach a copy of their current Pension Card with this application*

**MEMBERSHIP – Once off Joining Fee $20.000**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Breeder Single | [ ]  | 1 Year $60.00 Breeder Double  | [ ]  | 1 Year $80.00 |
| Non-Breeder Single | [ ]  | 1 Year $35.00 Non-Breeder Double | [ ]  | 1 Year $50.00 |
| Non-Breeder Pensioner Single | [ ]  | 1 Year $25.00 Non- Breeder Pensioner Double | [ ]  | 1 Year $35.00 |
| Junior (16-18 years old) | [ ]  | 1 Year $20.00 Child under 16 (with parent membership) | [ ]  | 1 Year $5.00 |

**PAYMENT SUMMARY -** *Please fill the below in before submitting*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **No off** | **Type** | **Cost** |
| Once off Joining fee | 1 |  | $20.00 |
| Membership Type |  |  | $ |
| Membership Type |  |  | $ |
|  |  | **Total amount paying** | $ |

**PLEASE NOTE: IF YOU INTEND TO BREED PEDIGREE CATS YOU WILL NEED TO APPLY FOR A BREEDING PREFIX, YOU WILL ALSO HAVE THE OPPORTUNITY TO ADVERTISE IN OUR BREEDERS DIRECTORY.**

**IF THIS IS THE CASE PLEASE COMPLETE THE NEW PREFIX FORM**

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| **PAYMENT METHOD** |
| CASH [ ]  CHEQUE [ ]  MONEY ORDER [ ]  Payable to the: **CatsWA (Inc)**  |
| DIRECT DEPOSIT [ ]  **You must use your Surname & Membership as the description for the deposit*.****(We will not be able to track payments without a description. Please email a copy to the office, as no work will be done without payment being verified. )* |
| DESCRIPTION USED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF PAYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BSB: **036-224** Acc No: **298699** Acc Name: **CatsWA** Bank: **Westpac** |
| **OFFICE USE ONLY** |
| MEMBER #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CARD/S ISSUED: **YES** [ ]  **NO** [ ]  RECEIPT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AMOUNT PAID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYMENT METHOD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Updated August 2024