

# 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 1<sup>st</sup> January 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 <input type="checkbox"/>	No <input type="checkbox"/>
Association			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? Yes No Local shire details:			
Provide any previous breeding experience:			

## Details of the cats you own

NAME	DATE OF BIRTH	BREED	COLOUR	PEDIGREE REGISTRATION NUMBER	MICROCHIP NUMBER	ENTIRE OR DESEXED

### DECLARATION

- a) I/We hereby apply for new membership with the CatsWA
- b) I/We certify that I/we or any member of the household do not hold membership with any other Registering Body.
- c) 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.
- d) Associate Membership is only for owners of de-sexed or domestic cats.
- e) 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.
- f) 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	<input type="checkbox"/>	1 Year \$60.00	Breeder Double	<input type="checkbox"/>	1 Year \$80.00
Non-Breeder Single	<input type="checkbox"/>	1 Year \$35.00	Non-Breeder Double	<input type="checkbox"/>	1 Year \$50.00
Non-Breeder Pensioner Single	<input type="checkbox"/>	1 Year \$25.00	Non- Breeder Pensioner Double	<input type="checkbox"/>	1 Year \$35.00
Junior (16-18 years old)	<input type="checkbox"/>	1 Year \$20.00	Child under 16 (with parent membership)	<input type="checkbox"/>	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			\$
		<b>Total amount paying</b>	\$

**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**

PAYMENT METHOD	
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> Payable to the: <b>CatsWA (Inc)</b>
DIRECT DEPOSIT <input type="checkbox"/>	<b>You must use your Surname &amp; Membership as the description for the deposit.</b> <i>(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.)</i>
DESCRIPTION USED: _____	DATE OF PAYMENT: _____
BSB: <b>036-224</b> Acc No: <b>298699</b> Acc Name: <b>CatsWA</b> Bank: <b>Westpac</b>	
OFFICE USE ONLY	
MEMBER #: _____	CARD/S ISSUED: YES <input type="checkbox"/> NO <input type="checkbox"/> RECEIPT #: _____
AMOUNT PAID: _____	PAYMENT METHOD _____ DATE: _____
SIGNED: _____	

Updated August 2024