



AFFILIATED COORDINATING CAT COUNCIL OF AUSTRALIA (CCCA)

## APPLICATION FOR MEMBERSHIP/ASSOCIATE MEMBERSHIP

I/We wish to apply for membership/associate membership of Capital Cats Inc.

Name: (Mr/Mrs/Miss/Ms) ..... (Surname) ..... (Given Names)

Name: (Mr/Mrs/Miss/Ms) ..... (Surname) ..... (Given Names)

Postal Address (for correspondence): ..... Postcode:.....

Residential Address: ..... Postcode:.....

Residential Address: ..... Postcode:.....

Telephone:.....(Home) .....(Business)

**Member:**

I/We certify that:

- i) I/We am/are aged 18 years or over and do not suffer from any mental incapacity;
- ii) I/We am/are a resident of the Australian Capital Territory or as provided by the Associations Regulations;
- iii) I/We am are the registered owner of a cat registered in the Association's Register;
- iv) I/We have not been convicted of an offence under the Prevention of Cruelty to Animals Ordinance 1959 (ACT), the Animal Welfare Act 1992 (ACT) or any amendment thereof or Act substituted therefore or its equivalent legislation in any other jurisdiction within or outside Australia; and
- v) I/We have not had an application for membership rejected or been expelled from another animal governing body or Breed Association.

Signature:.....Date:.....

Signature:.....Date:.....

**Associate Member**

I/We certify that:

- vi) I/We am/are aged 18 years or over and do not suffer from any mental incapacity;
- vii) I/We am/are not a resident of the Australian Capital Territory or as provided by the Associations Regulations;
- viii) I/We have not been convicted of an offence under the Prevention of Cruelty to Animals Ordinance 1959 (ACT), the Animal Welfare Act 1992 (ACT) or any amendment thereof or Act substituted therefore or its equivalent legislation in any other jurisdiction within or outside Australia; and
- ix) I/We have not had an application for membership rejected or been expelled from another animal governing body or Breed Association.

Signature:.....Date:.....

Signature:.....Date:.....

Fees: NEW MEMBER FULL YEAR (Single)	\$40.00	ASSOCIATE MEMBER (Single)	\$30.00
NEW MEMBER FULL YEAR (Multiple)	\$52.00	ASSOCIATE MEMBER (Multiple)	\$40.00 (Plus \$12 for each person after 2)
Fees: NEW MEMBER PART YEAR (Single)	\$30.00	ASSOCIATE MEMBER (Single)	\$25.00 (Dec to Jun)
NEW MEMBER PART YEAR (Multiple)	\$40.00	ASSOCIATE MEMBER (Multiple)	\$35.00 (Plus \$12 for each person after 2)

This Application together with the prescribed fee is to be forwarded to;

The Registrar  
PO BOX 826  
JAMISON CENTRE ACT 2611