



Application for Breeder's Prefix

Date: _____ Registered Breed: _____

Name: _____ Membership No.: _____

Address: _____

Phone No.: _____ Email: _____

Names Applied For:

Names shall be limited to one word (maximum of 12 letters) only.

Please make four (4) selections in order of preference.

Please use ink and print neatly in BLOCK CAPITALS

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Signed: _____ Date: _____

Send this completed form & copy of payment receipt to:

Mr Rod U'Ren, Registrar, c/o Post Office, Seville VIC 3139

Send payment of \$20.00 or cheque made payable to CCCT, to:

CCCT Treasurer, P.O. Box 8, Hadspen TAS 7290

Please remember: you must include a Summary Sheet each time you request any paperwork from CCCT.

This can be located on the Documents page of the CCCT website.