

Application for Membership



Please use ink and print neatly in BLOCK CAPITALS

I/we, (Full Name/s):	
of (Address):	<u>-</u>
Phone No:	
Email:	
hereby apply to Committee of the Cat Control Council of Tasmania for membership.	
If accepted, I agree to abide by and be governed by the Rules and Regulations of the Cat of Tasmania Inc.	Control Council
I/we breed/show: (e.g. Birmans, Exot	tics, Burmese, etc)
Signed: Dated:	
Membership Applied For: (please tick)	
Single Adult \$20 Junior (U16) \$10 No voting rights No voting rights	Associate \$10
Send this completed form, & copy of payment receipt of the appropriate fee to:	
CCCT Secretary, 176d Freshwater Point Road Legana TAS 7277.	
Please remember: you <u>must</u> include a Summary Sheet each time you request any paperw	ork from CCCT.
This can be located on the Documents page of the CCCT website	
Office Use Only	
Approved Rejected at the meeting of the Committee held on	/ /