

Member of the Coordinating Cat Council of Australia

APPLICATION FOR SOCIAL MEMBERSHIP

TITLE:	MR MRS MISS	Ms DR	PLEASE PRINT	
SURNAME:NAME:				
ADDRESS/HOM	ΛΕ:			_
P/CODE:	OCCUPATION:			
PHONE:	HOME:	MOBILE:		
EMAIL:				
REFERRED BY:	MEMBERSHIP NO:			=
be bound by Inc.	apply for 12 months compliments the Constitution, Rules and Regula	ations, Media Policy	y, and Code of Ethics of Cats Quee	_
		Date:		
 This member (not a club) At the conconset for that Members, we 	p is for a period of up to 12 months ership also entitles the member to eshow). Iusion of the free membership, rene year, currently \$30pa. Whether social or full members are a Policy and Code of Ethics of Cats (enter this kitten/cat in ewal is available to be required to abide by	in one Cats Queensland Inc hosted	wal fee
Please submit to:				
Secretary Cats Queensland PO Box 3201 Browns Plains Qld 4118 Ph: 07 4659 5877 Time: 9am - 6pm only		Office use only:		

email: catsqueensland@gmail.com