



# The Governing Council of the Cat Fancy

**Australia & Victoria Inc** Reg No: A0043662C

4/170 Underwood Road, Ferntree Gully 3156

E-mail [gccfvic@gmail.com](mailto:gccfvic@gmail.com) Web: [www.catsgccfv.org.au](http://www.catsgccfv.org.au)

**POSTAL ADDRESS: PO Box 197 Lang Lang Vic 3984**

## APPLICATION FOR JOINT MEMBERSHIP

We apply for Membership of the Governing Council of the Cat Fancy Australia and Victoria Inc.

Surname:..... Given Name .....

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Address:..... Suburb:.....

Post Code: ..... Phone No: .....

E-mail (if any)..... DAB No:..... Type: .....

(if Applicable)

Web address (if any)..... Source No:.....

(if Applicable)

Transferring from another applicable organisation YES / NO

If Yes please advise name of applicable organisation: ..... (if applicable)

Transferring your prefix YES / NO If yes your prefix is: ..... (if applicable)

**Please attach prefix application form to have your prefix transferred to GCCFV - Fee of \$50 applies for transfers and new prefixes**

Is your interest in joining GCCFV for: **BREEDING / SHOWING / PET ONLY** (please circle as applicable)

Do you currently own any cats? YES / NO Are they ENTIRE / DESEXED

Number of females..... Number of males.....

Breeds owned.....

**\*\*Unless you are transferring from another governing body, you are not permitted under GCCFV code of conduct to hold an entire cat until your prefix is approved**

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

By signing this form We agree to abide by the GCCFV Constitution and By-Laws, Code of Conduct, Code of Practice, Victorian Government Legislations. The Domestic Animals Act 1994 and amendments April 2013 and December 2017, and the Applicable Organisation Conditions of Application – member requirements. **Neither of us have been convicted of any offences under the Domestic Animals Act 1994, Prevention of Cruelty to Animals Act 1984, their associated regulations or interstate equivalents.**

Payment can be made via EFT to GCCFV Bank account: **BSB 083 125; Account # 81042 7508**

When paying by EFT, please attach a copy of the receipt with your application, and include your surname and a brief description as the payment reference (eg SMITH, member app)

**FEES:** \*\* (Half year is 1<sup>st</sup> July to 1<sup>st</sup> November)

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Calendar year – 1 <sup>st</sup> January to 31 <sup>st</sup> December	Full	Half	Total
Joint Membership (2 adults, same address)	\$70.00	\$40.00	
Prefix Application (Attached)	\$50.00		
Joining Fee payable per application (Compulsory)			\$25.00
Total			\$

Your application will be considered at the next committee Meeting, and you will be advised of the outcome. **\*\*Members accepted between 1<sup>st</sup> July and 1<sup>st</sup> November pay the half-year fee and membership expires at the end of that year. Members joining after 1<sup>st</sup> November pay the full year fee and are financial until the end of the following year.**

### OFFICE USE ONLY

\$.....Received.....Approved.....No.....Card issued.....