



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 Web: 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**

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

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 1st July to 1st November)

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Calendar year – 1 st January to 31 st 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
Enclosed: Cheque: Money Order: EFT Receipt:		Total	\$

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

OFFICE USE ONLY

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