## FELINE CONTROL COUNCIL OF WESTERN AUSTRALIA (INC) MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).



**TITLE APPLICATION** 

Mail this form with certificates & payment to: <b>FELINE CONTROL COUNCIL OF WA (INC)</b> GPO Box 915, CANNINGTON WA 6107										Enquiries please call: Tel: 0433 807 964 Email: <u>catswa01@gmail.com</u>					
YOU	YOUR DETAILS														
PLEAS	SE USE BL	OCK LETTER	S:												
Name	Name:														
Addre	ess:						Telephone:			ne:					
Subu	ırb:				Mobile:										
State	:		PC:	C: Member				Em	ail:	_					
	RE CATS				SEXED CATS										
					BY TICKING ONLY of Merits from at le				udges	are	required)				
Champion					Premier				Double Title						
Grand Champion					Grand Premier										
Bronze Grand Champion					Bronze Grar				Triple T	itle					
Silver Grand Champion					Silver Grand Premier										
Gold Grand Champion Platinum Grand Champion					Gold Grand										
			pion [		Platinum Gra	and Pr	emier								
CAT DETAILS PLEASE USE BLOCK LETTERS:															
			5.												
Name: Breed:				Rego No.						П	ate of Birt	h			
Sire:				0110.											
Dam:															
Owner: Breeder/s:															
CHA	LLENGE	, AWARD C	F MERI	TAN	ID STAR AWAR	D DET	AILS								
PLEAS	SE USE BL	OCK LETTER	s ( <b>NB:</b> A	ll cer	tificates must be c	omplete	and sig	ned by tl	ne Jud	ge v	vith any co	orrectio	ons initi	alled).	
No.		С		Show	/ Date	Jı	Judge's Name			Judge's Reg. Body					
1															
2															
3															
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FEES	5														
Please	e tick the r	elevant box:	Title Cer	tifica	ate (Unlaminated	l) \$10.	00 🗌	Title	Certif	icate	e (Lamina	ated)	\$15.00		
Title (	Certificate	e with Ribbo	on \$35.00	) 🗌	] Po	stage S	\$5.00		Email	ed (	Free)				
PAY		ETHOD													
CASH	I 🗌	CHEQL	JE		MONEY ORDER	Pa	yable to	the: Feli	ine Co	ontro	ol Counci	l of W	A (Inc)		
DIRE	CT DEPO				our first initial an able to track paym					n for	the depo	osit.			
DESC	RIPTION	-						ATE OF	-	IENT	Г:				
BSB: 036-224 Acc No: 298699 Acc Name: Feline Control Council of WA (Inc) Bank: Westpac															
OFFI	ICE USE	ONLY													
AMOU	JNT PAID:		DATE	:		RECE	IPT #			SIG	NED:				