

## FELINE CONTROL COUNCIL (VICTORIA) Inc

P.O. Box 110 BAYSWATER Vic 3153

Tel: (03) 9720 8811 Email: fccv@hotkey.net.au

Registered No: A0023723Y ABN 87 706 132 139 Applicable Organisation under Domestic Animals Act PATRON: Jack Rae OAM

## APPLICATION FOR MEMBERSHIP

NOTE: Please complete the fo	ollowing in Block Letters.	Members who rene
Mr/Mrs/Miss/ Ms		or after 1 <sup>ST</sup> January
Address		complete this Appli Membership. Late
	Postcode	The financial year ends of
Breed	Phone No.	applications made betw June are accepted as me
Email Address		ending 30th June of follo

ew membership on are required to ication for ee \$25.00 applies

on 30th June. New een 1st May and 30th embership for the period owing year.

The above details may be passed on to Club Secretaries and be included in listing of Members and Breeders for general enquiries. Your email address will be added to our mailing list so that we can keep you updated with any changes or information.

## Internet **Banking Details**

BSB 013-260 A/c 440042036 Feline Control Council

Attach copy of receipt

MEMBERSHIP FEES					
Membership- Individual, Dual, Joint & Pensioner	Full Year	\$70.00			
Associate Membership	Full Year	\$45.00			
New Membership: 1st January to 30th June	Half Year	\$35.00			
New Associate Membership: 1st Jan - 30th June	Half Year	\$22.50			
Junior Membership: (10 To 16 years of age) Full Year					
Date of Birth:					
Is your interest in BREEDING / SHOWING / PET ONLY Circle as applicable?					
Are you a Council Domestic Animal Business (DAB)? YES / NO Circle as applicable					
DAB Number:					
If yes, are you BREEDING / REARING / TRAINING / BOARDING / PET SHOP					
New member joining fee.					
Membership Renewal Late Fee after 1 <sup>ST</sup> January \$25.0					
Cheque or MO enclosed for:					

Are you transferring from or have previously been a member of another controlling body?	YES / NO
If YES, please state name of controlling body	
Please include a copy of resignation letter to previous controlling body.	

I/We hereby apply to be admitted as a member of the Feline Control Council (Victoria) Inc. (FCCV Inc) and if accepted I/we agree to be bound by the Rules, Bylaws, Code of Practice (Ethics) and decisions made by the FCCV Management Committee. I/We agree to abide by the Applicable Organisation Conditions of Application – member requirements.

Further, I/we hereby give an unconditional undertaking not to hold membership with any other Feline Registering Body in Victoria or participate in any show or exhibition not sanctioned by the FCCV Inc.

By submitting this signed application form, I am confirming I have read and will comply to the FCCV Code of Practice (FCCV website download) and Victorian Government Legislation, Domestic Animals Act 1994, Amendments April 2013, and PFPS Bill December 2017

2017.					
PRINTED NAME	SIGNATURE	DATE			
Partnerships MUST have TWO Signatures					
PRINTED NAME	SIGNATURE	DATE			

The Rules, Bylaws & Code of Practice are published on the FCCV website and are available for inspection at the FCCV office.