



APPLICATION FOR MEMBERSHIP OF A BREED COUNCIL

Please complete this form in **BLOCK LETTERS**

Application to join the Breed Council

Applicant

Name + first name <input type="text"/>	
Street + no <input type="text"/>	
Zip-code + city <input type="text"/>	Country <input type="text"/>
Telephone number + <input type="text"/>	E-mail <input type="text"/>
Member in <input type="text"/>	
FIFe registered cattery name <input type="text"/>	Year of registration <input type="text"/>
For fully recognised breeds I confirm that: <input type="checkbox"/> I am at least 25 years old and have been a member in good standing for at least the last 5 years <input type="checkbox"/> I have bred at least one GIC or GIP titled cat of the above breed or I have exhibited a cat of the appropriate breed, owned by me, at FIFe shows at least 3 times per year in the last 3 calendar years <input type="checkbox"/> I have bred and registered within a National FIFe Member at least 5 litters of the above breed Name of cat <input type="text"/> Breed <input type="text"/>	
For preliminary or non-recognised breeds I confirm that: <input type="checkbox"/> I am at least 25 years old and have been a member in good standing for at least the last 2 years <input type="checkbox"/> I have bred and registered within a National FIFe Member at least 1 litter of the above breed	
Remarks <input type="text"/>	
Date <input type="text"/>	Signature <input type="text"/>

Optional

<input type="checkbox"/> I hereby declare my intention to candidate for the position of Secretary of this Breed Council.	
Date <input type="text"/>	Signature <input type="text"/>

To be completed by the national FIFe Member

We confirm that the above information is true and correct and agree to pay the fees requested by FIFe upon demand.	
Remarks <input type="text"/>	
Name <input type="text"/>	Function <input type="text"/>
Date <input type="text"/>	Signature * <input type="text"/>

* FIFe accepts electronically submitted forms without signature, provided the form is sent using your known e-mail address.