

			APPLICATION	FOR M	<b>EMBE</b>	RSHIP	
First	: Name			Phone		Phone Mobile	
	dle Name			Date of Birth			_
Last Name				Email			
ADDRESS							
Street				Suburb			
				State		Post Code	
			amed incorporated association. to be bound by the rules of the associatio	n for the time being in f	orce.		
Signature				Date			
NOMINATIONS							
As a member of Australian National Cats Inc.we nominate the applicant, who is personally known to me, for membership of Australian National Cats Inc.							
Proposer				Seconder			
Name				Name			
Membership No.				Membership No.			
Signature				Signature			
Date				Date			
METHOD OF PAYMENT							
	Money Order	r Australian National Cats Inc					
	Direct Debit		Westpac Banking Corporation	94-96 Cronulla Street		Cronulla, NSW, 2230 Australia	
	Cheque (Payable to ANCATS)		BSB: 032-052	Account No: 1	1-8760	Swift code: WPACAU2S (For international transfers)	
	□ PayPal						
	Credit Card	☐ Mastercard ☐ Visa					
	Credit Card number						
				Amount \$			
Exp. Date			Month Year	Fees include G	ST, Single \$65	5.00, Dual \$80.00, Junior (under 18 years) \$30.00	
ANCATS FORM 4/97 Office U		Office Use Only: No:		Accepted:		ANCATS Box 2478 Taren Point Business Centre NSW 2229	