APPLICATION FOR MEMBERSHIP

SURNAME _____ NAME _____

ADDRESS _____

_____

TOWN _____ POST CODE _____

HOME TEL _____ MOBILE NO _____

EMAIL _____

IF YOU OWN ANY CATS, STATE QUANTITY AND BREED

NO OF CATS	**BREED**
_____	_____
_____	_____
_____	_____

DO YOU HAVE A CATTERY?

NAME	**REGISTERING ORGANISATION**
_____	_____

_____

SIGNATURE

Yearly payment of € 12.00 per individual. Cheques are payable to ***MALTA CAT CLUB.***

Upon submitting this form you will become a full member of the ***MALTA CAT CLUB.***
Feel free to contact us should you need any further assistance.

Members with cattery are eligible for a free listing on ***MALTA CAT CLUB*** website

malta cat club
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