



**APPLICATION FOR AFFILIATED  
CLUB MEMBERSHIP**  
All CATZ Inc. members are required  
to join an affiliated club  
please tick choice

**IN PURSUIT OF EXCELLENCE  
FRIENDSHIP INNOVATION INTEGRITY**

City of Sails Cat Club Inc., Auckland

Nine Lives Cat Club Inc., Waikato

**Name of Applicant:**

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**Postal Address:**

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**Phone:**

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**Fax**

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**Email:**

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**Web site**

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**Breed/type of cat/s currently bred or owned:**

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Catz inc. **Registered Prefix:** (if applicable)

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**Are you interested in showing your cat/s?**

**Yes**

**No**

**Signature**

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**Date**

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**Would you like a copy of the Club's Constitution?**

**Hard copy/email?**

(delete one)

**City of Sails Membership Fees:**

Full Ordinary	\$10
Associate	\$10
Junior	\$ 5
Family	\$20

**Nine Lives membership Fees:**

Full Ordinary	\$15
Associate	\$15
Junior	\$ 5

**Whichever method of payment you choose, please make one total amount for all fees and enter the amounts on the CATZ Inc Membership Application form.**

**Your payment will be forwarded to the appropriate club.**

Please return all forms to the Director of Membership,  
**PO Box 100823, North Shore Mail centre, AUCKLAND.**

**Please see additional notes on sheet 4A**