



APPLICATION FOR STUD PREFIX REGISTRATION

Please print or type legibly

NAME/S: Please list ALL names to be included in Registration data base. PRIMARY APPLICANTS name First!

Christian Name _____

Surname _____

POSTAL ADDRESS:.....

STATE:..... **POSTCODE:**..... **PHONE No.:**.....

EMAIL:.....

MEMBER OF **CAVY CLUB.**

PREFIX

- Please supply at least three choices, in order of preference.
- If your first choice is already taken then the second choice will be used and thus so for the second and third choices.

Prefixes that are similar enough to be confused with an existing prefix will be deemed ineligible and as such the next nominated prefix will be used.

PREFIX Choice 1:.....

PREFIX Choice 2:.....

PREFIX Choice 3:.....

Name of Primary Applicant: *please print:*.....

Signature of Primary Applicant:.....

Date:.....

Date received by Registrar:.....

Please send this application form with correct fees to:

**ANCC Stud Registrar
Mr Karl Kilpatrick
PO BOX 366
ENGADINE
NSW 2233**

- Please make ALL cheques and Money Orders payable to **AUSTRALIAN NATIONAL CAVY COUNCIL**
- The **CURRENT** application fee of **\$30.00** MUST accompany this application form, processing **WILL NOT** be completed without the fees.
- You **MUST** be a **FINANCIAL** member of a club affiliated with the ANCC
- **If you are found to NOT BE A FINANCIAL member of a club affiliated with the ANCC, the Application Fee will be forfeited to the ANCC.**