

ANCC Australian National Cavy Council Inc.

APPLICATION FOR STUD PREFIX REGISTRATION

Please print legibly or type information

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

**PLEASE ENCLOSE YOUR CLUB MEMBERSHIP RECEIPT AS PROOF OF MEMBERSHIP
this will be returned to you along with your approved Prefix Certification**

PREFIX

- Please supply at least three choices, in order of preference.
- If your first choice is already taken then the second choice will be 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 **\$35.00** MUST accompany this application form, processing **WILL NOT** be completed without the fees.
- You **MUST** be a **FINANCIAL** member of a **Cavy club AFFILIATED with the ANCC**, proof must be supplied in the form of your **Membership Receipt as requested above**

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