

**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:***

***Email:***

***Member of:***

**PLEASE ENCLOSE A COPY OF YOUR CLUB MEMBERSHIP RECEIPT AS PROOF OF MEMBERSHIP.**

**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:**

**I/We the undersigned agree to abide by the Rules and by-Laws of the ANCC and have read and understand the ANCC Stud Prefix Rules & Regulations**

**Name of Primary Applicant:** **Signature of Primary Applicant: Date:**
**Date received by Registrar:**

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| *Please send this application form with correct fees to:* **ANCC Stud Registrar** Ms Kathryn McKay: anccstudregistrar@gmail.com* Account Name: **Australian National Cavy Council Inc** Account Number: **176881100** BSB: **633000**
* Please make ALL cheques and Money Orders payable to **AUSTRALIAN NATIONAL CAVY COUNCIL**
* The CURRENT application fee of **$50.00** 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.**
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| **• 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**  |