

## 2024 Renewal of Membership

No work will be processed unless on the correct form and until the signed Renewal Form has been received.

Name/Joint Names:						
Address:						
Phone:			Email:			
Membership Number:			Prefix:			
Class of Membership:						
Tick						
Individual Membership			Entitled to attend and have one vote at the Annual General Meeting.			
Joint /Family Membership			Entitled to attend and have one vote per membership at the Annual General Meeting.			
Associate Member			A member of an interstate or overseas cat council, entitled to attend the Annual General Meeting, and may not vote.			
Do you wish to be listed on the FCCQ Inc. Breeders website?					Yes/No	
Do you wish to take advantage of banner advertising (See examples on Breeders pages)					Yes/No	
Note: Breeders who have not registered a litter in the last I2 months will not be listed on the web site.						
Council of Queensland Inc. (FCCQ) on the understanding that I/we are required to register all kittens in all litters bred by me/us, to remain financially current as an FCCQ registered Breeder each year. I/We have read, understood, and agree to abide by the Feline Control Council of Queensland Inc.'s Constitution, By-Laws, Rules and Regulations, Code of Ethics for Breeders and Exhibitors and the FCCQ Social Media Policy., and in addition to the ACF Breeding & Registration Rules <u>ACF By-Laws Part 2</u>						
Signed:					Date:	
Signed:					Date:	
FEES - REFER TO FCCQ SCALE OF FEES						
Annual Membership & Prefix & renewal fee to December 31 <sup>st</sup> Individual or Joint/Family - <b>\$40.00</b>						
Additional Prefix/s - \$15.00 \$						
Banner Advertising – <b>\$25.00</b>					\$	
Annual Membership (Non-Breeder) renewal fee to December 31 <sup>st</sup> - <b>\$30.00</b>					\$	
Annual Associate Membership renewal fee to December 31st - <b>\$30.00</b>					\$	
TOTAL PAYMENT   \$						
OFFICE USE	Direct Deposit FELINE CONTROL COUNCIL QLD Inc. Account Please Quote Surname/renewal					
ONLY	BSB: 124 057	ACCOUNT NO: 2	20 021 54	RECEIPT NO. OF	RECEIPT NO. OF TRANSFER:	
Transfer Reference:		Amount Of Tran \$	ISFER:	DATE OF TRANSFER:		