THE INTERNATIONAL CAT ASSOCIATION, INC.
CLERKING PROGRAM APPLICATION

Please mail to:

Dewane Barnes
Clerking Administrator
41 South Elm Street
Palatine IL 60067

NAME: _____ MEMBERSHIP #: _____

ADDRESS: _____ CITY: _____

STATE/COUNTRY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PRESENT STATUS: _____ (NONE)

PREVIOUS STATUS: _____ (TRAINEE, ASSISTANT CLERK, HEAD RING CLERK, MASTER CLERK)

APPLIED STATUS: _____ (TRAINEE, ASSISTANT CLERK, HEAD RING CLERK, MASTER CLERK)

HAVE YOU ATTENDED A CLERKING SCHOOL? YES_____ NO_____

IF YES: WHEN_____ WHERE_____ INSTRUCTOR_____

DO YOU HOLD A CLERKING CERTIFICATION FROM ANY OTHER ASSOCIATION? YES_____ NO_____

IF YES: PLEASE NAME ASSOCIATION AND LEVEL: _____

LIST ANY PREVIOUS CLERKING EXPERIENCE DURING THE PAST 2 YEARS, ANY ASSOCIATION. USE A SEPARATE SHEET IS NECESSARY. (FILL IN THIS SECTION ONLY IF THIS IS YOUR INITIAL APPLICATION.)

ASSOCIATION	CLUB, CITY, STATE	JUDGE	DATE	STATUS

_____ _____

APPLICANT SIGNATURE **DATE**

REQUIREMENTS: $15.00, CURENT TICA MEMBERSHIP, AND A PHOTOGRAPH (NOT LARGER THAN 4"X6", BLACK/WHITE OR COLOR.)