THE INTERNATIONAL CAT ASSOCIATION, INC.

ENTRY CLERKING PROGRAM APPLICATION

Please mail to:

Elaine Hawksworth-Weitz
Entry Clerking Administrator
PO Box 6065
Edmonds, WA 98026

NAME: _____ MEMBERSHIP #: _____

ADDRESS: _____ CITY: _____

STATE/COUNTRY: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

PRESENT STATUS: (CHECK ALL THAT APPLY)

_____ NOT IN TICA CLKERKING PROGRAM
_____ TICA LICENSED HEAD RING CLERK
_____ TICA LICENSED MASTER CLERK

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

ASSOCIATION	CLUB, CITY, STATE	SHOW MANAGER	DATE	STATUS

_____ _____

APPLICANT SIGNATURE **DATE**

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