



**THE INTERNATIONAL CAT ASSOCIATION, INC.**  
**ENTRY CLERKING PROGRAM APPLICATION FOR ADVANCEMENT**



Please mail to:

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

NAME: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/COUNTRY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CURRENT CLERKING STATUS: \_\_\_\_\_ LICENSED HEAD RING CLERK

\_\_\_\_\_ LICENSED MASTER CLERK

\_\_\_\_\_ ENTRY CLERK TRAINEE

APPLYING FOR ADVANCEMENT TO: \_\_\_\_\_ LICENSED ENTRY CLERK

HAVE YOU ATTENDED AN ENTRY CLERKING SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: WHEN \_\_\_\_\_ WHERE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

HAVE YOU SENT YOUR PHOTO TO THE ENTRY CLERKING ADMINISTRATOR? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: SIZE \_\_\_\_\_ DATE MAILED \_\_\_\_\_

HOW MANY EVALUATIONS DO YOU HAVE AS: HEAD RING CLERK \_\_\_\_\_

MASTER CLERK \_\_\_\_\_

ENTRY CLERK TRAINEE \_\_\_\_\_

SCORE ON: ENTRY CLERK EXAM \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_