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Clerking Program Application



Caroline Fralia Clerking Administrator P.O. Box 11887 Ft Worth TX 76110-0887 clerking.admin@tica.org

Instructions: 1. Download the form.

- 2. Open the form in Adobe Acrobat Reader.
- Fill out the form.

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+1 817.926.7822	4. Save and choose "Email Form" to send the form. Date:					
Applicant Information						
First Name:	Last Name:					
	Region:					
Address:						
City:		State:		Postal Code:		
Country:		Phone:				
Previous Status:	Trainee	Head Ring Clerk		None		
	Assistant Clerk	Master Clerk				
Applying for Status as:	Trainee	Head Ring Clerk				
	Assistant Clerk	Master Clerk				
Application						
Have you attended a Clerkin	ng School?					
Yes (If selected, plea	ed, please specify the following information.)					
Date:						
Instructor:						
Do you hold a clerking certif	fication from any other ass	ociation?				
Yes ((If selected, ple	ease specify the following i	*		No		
Association:			Level:			
List any previous clerking e this section only if this is you		t 2 years, any as	sociation. Use a	separate sheet if	necessary. (Fill in	
Association CI	ub Loca	tion	Judge	Date	Status	
Applicant must hold a curre (not larger than 4" x 6", cole		d submit both a	\$15.00 application	on fee and curren	t photograph	
Applicant Signature						