



COMMUNITY CAT COALITION MEMBERSHIP APPLICATION FORM

Please complete all sections (2 pages), then email or scan to:

secretary@catcoalition.org.nz

or post to:

Community Cat Coalition, P.O. Box 15903, New Lynn, Auckland 0604.

YEAR COMMENCING	1 JULY, YEAR:
NAME	
ADDRESS	
BEST PHONE NUMBER	
EMAIL ADDRESS	
CURRENT ACTIVITIES – Please describe your present and past activities relating to community cat welfare e.g. colony management and/or care and feeding, TNR, etc.	
PROPOSED ACTIVITIES – Please describe the community cat welfare activities you would like to be involved in as a member of the CCC e.g. colony care, TNR, foster care, fund-raising, administrative tasks, etc.	
ANY OTHER RELEVANT INFORMATION?	

Membership Agreement

AGREEMENTS CONFIDENTIALITY

All information provided regarding Cat Coalition members' identities, addresses and personal contact information, as well as colony location and description, will be held in the strictest confidence and will not be disclosed to any other party without the express permission of the member other than for regulatory purposes.

OBJECTIVES OF THE COMMUNITY CAT COALITION

- Attend to the management of stray cats in Auckland
- Undertake TNR for colonies and T-TNR for community cats
- Work in association with the Council, landowners and the community in the care of stray cats.

OBLIGATIONS OF MEMBERSHIP

- Undertake the objectives of the Coalition
- All cats to be returned only when full provision guaranteed for their care and wellbeing
- Confidential disclosure of all colonies under care and acceptance of periodic audits and assistance with issues

ACCEPTANCE OF CONDITIONS

Membership is conditional on the completion of all information on the application form, and applications then being accepted at the discretion of the governing committee.

Please sign below to indicate your acceptance of these conditions.

SIGNATURE:

DATE: