



# COMPANION HIGHER STATUS APPLICATION

Companion Registrar

Robbie Walker P O Box 1258, Mudgeeraba Qld. 4213

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**\* BEFORE COMPLETING THIS FORM, PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY \***

- Points are allocated on the basis of eleven (11) points for the challenge plus one (1) point for every cat defeated in the class
- A cat winning "Best in Show" automatically receives twenty (20) points. Best in Show points are not applicable in specialist rings.
- Maximum points awarded at one judging is twenty (20) points
- Excess points gained are transferable from one status to the next.
- Original challenges or photocopies must accompany this application

**ALL WORK INCURS A POSTAGE FEE**

Priority delivery - 1 to 4 days' business days

FEE for Registration Upgrade (NO Certificate) \$1.50

FEE for Registration Upgrade & Certificate \$2.50

**POINTS REQUIRED FOR HIGHER STATUS**

<b>Champion, Grand Champion, Double Grand Champion</b>	
Neuter, Spay	60 Points
<b>Bronze, Silver, Gold DGC</b>	
Neuter, Spay	100 Points
<b>Platinum, Sapphire, Ruby, Emerald, Diamond</b>	
Neuter, Spay	10 x QFA Inc. Challenges

<b>FEE for Status Upgrade (NO Certificate)</b>	<b>\$6.00</b>
<b>FEE for Status Upgrade and Certificate (Non Laminated)</b>	<b>\$10.00</b>
<b>FEE for Status Upgrade and Certificate (Laminated)</b>	<b>\$12.00</b>

I hereby make application for the granting of \_\_\_\_\_ status in relation to the following cat:

Name Of Cat: \_\_\_\_\_

Colour: \_\_\_\_\_ Sex: \_\_\_\_\_ Reg. Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

	NAME OF SHOW	DATE	JUDGE	POINTS		NAME OF SHOW	DATE	JUDGE	POINTS
1.					6.				
2.					7.				
3.					8.				
4.					9.				
5.					10.				

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

OFFICE USE ONLY	DIRECT DEPOSIT QUEENSLAND FELINE ASSOCIATION INC. ACCOUNT	PLEASE QUOTE SURNAME & BREEDER NUMBER ONLY	Transfer Reference: _____
	BSB: 484 799 ACCOUNT No: 601 714 139	AMOUNT OF TRANSFER: \$ _____	DATE OF TRANSFER: _____ RECEIPT NO. OF TRANSFER: _____