

**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.**

|  |  |
| --- | --- |
| **NAME and DATE** |  |
| **ADDRESS** |  |
| **BEST PHONE NUMBER** |  |
| **BEST 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, Trap Neuter Return (TNR), etc. |  |
| **PROPOSED ACTIVITIES** What community cat welfare activities you would like to be involved in as a member of CCC?e.g. colony care, TNR, foster care, fund-raising, administrative tasks, etc. |  |
| **APPLICATION PURPOSE**Do you want to join CCC mainly for support with desexing and/or ongoing care of a single colony? Are you interested in ongoing TNR or other work for CCC?  |  |
| **HOW DID YOU HEAR ABOUT US?** Are you currently part of or working with any Auckland-based cat rescue group/organisation/charity? In the past? May we know which group?Do you work with a CCC member? If so, who? Would you like to give us any other referee details? |  |
| **OTHER RELEVANT INFORMATION?** |  |

**Membership Agreement**

**AGREEMENTS CONFIDENTIALITY**

All information provided regarding the Community 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 humane management of stray cats in Auckland
* Undertake TNR of community cats in order to humanely manage and reduce community cat numbers.
* 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 their ongoing feeding and management can be reasonably assured.
* 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

- attendance at an induction session as soon as possible upon becoming a member and not later than 6 months after becoming a member.

**Please sign below to indicate your acceptance of these conditions.**

**SIGNATURE:**

**DATE:**