

THE INTERNATIONAL CAT ASSOCIATION, INC.

CLERKING PROGRAM APPLICATION FOR ADVANCEMENT

Please mail to:

Dewane Barnes (dewaneb@comcast.net)
Clerking Administrator
41 South Elm Street
Palatine IL 60067

NAME: _____ MEMBERSHIP #: _____

ADDRESS: _____ CITY: _____

STATE/COUNTRY: _____ ZIP CODE: _____

PHONE: _____

CURRENT CLERKING STATUS:

_____ NOT LICENSED
_____ LICENSED ASSISTANT RING CLERK
_____ LICENSED HEAD RING CLERK

APPLYING FOR ADVANCEMENT TO:

_____ LICENSED ASSISTANT RING CLERK
_____ LICENSED HEAD RING CLERK
_____ LICENSED MASTER CLERK

HAVE YOU ATTENDED A CLERKING SCHOOL? YES _____ NO _____

IF YES: WHEN _____ WHERE _____ INSTRUCTOR _____

HAVE YOU SENT YOUR PHOTO TO THE CLERKING ADMINISTRATOR? YES _____ NO _____

IF YES: SIZE _____ DATE MAILED _____

HOW MANY EVALUATIONS DO YOU HAVE AS:

ASSISTANT RING CLERK? _____

HEAD RING CLERK? _____

MASTER CLERK? _____

SCORE ON: HEAD RING CLERK TEST? _____

MASTER CLERK TEST? _____

APPLICANT SIGNATURE _____

DATE _____