



**THE INTERNATIONAL CAT ASSOCIATION, INC.**  
**CLERKING PROGRAM APPLICATION FOR ADVANCEMENT**



Please mail to:

*Dewane Barnes  
 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 \_\_\_\_\_