



## STUD PREFIX APPLICATION

Date: .....

To be completed and returned to the address below.

NAME OF PREFIX: .....

(3 choices) .....

.....

PROPRIETOR'S NAME	MEMBER NUMBER	SIGNATURE
1.		
2.		
3.		
4.		

ADDRESS: .....

.....POST CODE.....

PHONE NUMBER: (     ) .....

Description of registered brand .....

REGISTRATION COST ..... \$20.00

<p><i>Office Use Only</i></p> <p><i>Receipt No.</i> .....</p> <p><i>Date Received</i> .....</p>
---

