



THE INTERNATIONAL CAT ASSOCIATION, INC.

APPLICATION TO THE TICA JUDGING PROGRAM



MARYLOU ANDERSON, JUDGING ADMINISTRATOR
 3509 CLIFF VIEW LOOP
 WEATHERFORD, TX 76087
 (817) 613-0070

- The EFFECTIVE DATES for receipt of applications, payment of fees and receipt of exams are: May 15th for application at the Annual, October 15th for application at the Winter Meeting or January 15th for application at the Spring Meeting.
- Send this application form WITH attachments verifying fulfillment of requirements to the Judging Administrator and your Allbreed Sponsor with A Personal Resume. A recent professional 5" x 7" color photograph must accompany this application.
- Send this application WITHOUT attachments to each member of the Board. This will serve as the Check-Off Form.

PLEASE TYPE OR PRINT ALL INFORMATION

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

ALL APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS PRIOR TO APPLYING TO THE TICA JUDGING PROGRAM. ALL REQUIREMENTS, UNLESS OTHERWISE STATED, MUST BE COMPLETED NO LATER THAN JUNE 15TH FOR APPLICATION AT THE ANNUAL, NOVEMBER 15TH FOR APPLICATION AT THE WINTER MEETING AND FEBRUARY 15TH FOR THE SPRING MEETING.

Are your membership dues current?

Attach copy of membership card.

Your name must have been published two times in the TREND VOLUME/NUMBERS: _____

A \$40.00 application fee must be received by the Executive Office by the appropriate effective date.

Date Paid: _____

Attach copy of DAR

Name of Allbreed Sponsor (if applicable): _____

Attach Endorsement of Allbreed Sponsor.

Signature of Allbreed Sponsor endorsing reinstatement: _____

Must have successfully passed any required examination(s) for reinstatement, including Master Clerk exam, by the appropriate effective date. *Date exam passed:* _____

Must be 21 years of age or older. Date of Birth: _____

Must have a Registered TICA Cattery. _____

Cattery Name: _____

Cattery Number: _____

Attach copy of Cattery Registration.

Must be a Licensed TICA Head Ring Clerk and must have served as Head Ring Clerk in at least ten (10) TICA shows.

Attach copy of Head Ring Clerk License.

DATE	CLUB	LOCATION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Must be a Licensed TICA Master Clerk and served as Master Clerk in at least five (5) TICA shows.

Attach copy of Master Clerk License and copies of front pages of catalogs listing you as Master Clerk.

DATE	CLUB	LOCATION
1.		
2.		
3.		
4.		
5.		

Must have actively served at least two (2) times as a TICA Show Manager.

Attach copies of front page of catalogs listing you as Show Manager.

DATE	CLUB	LOCATION
1.		
2.		



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Must have served at least two (2) times as a TICA Entry Clerk.
Attach copies of front page of catalogs listing you as Entry Clerk.

DATE CLUB LOCATION

1. _____

2. _____

Must have attended one (1) TICA Judging School within one year of application.

DATE: LOCATION: INSTRUCTOR:

Must have attended one (1) Breed Seminar within one year of application.

DATE: LOCATION: INSTRUCTOR:

Must have attended one (1) Genetics Seminar within one year of application.

DATE: LOCATION: INSTRUCTOR:

Must be a working member of an active TICA club which hosts shows in resident region.

Name of Club: _____ *Attach Letter of Recommendation from Club.*

Past and present club activities: _____

Must have sent a professional 5 x 7 color photograph to the Yearbook Editor. Date sent:

Applicant Exam must be received by grader by the appropriate effective date.

Date sent to grader:

Must have shown in at least 25 TICA shows. *Attach copies of catalog covers and pages with your cats listed.*

DATE BREED(S) LOCATION

1. _____

2. _____

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25. _____



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BREEDER APPLICANTS ONLY (*Attach this page to application.*)

Must have been breeding cats for at least four (4) years prior to being granted a Probationary License.

_____ Date of first TICA registered litter: _____ *Attach copies of 5 TICA litter registrations.*

List five (5) registered TICA litters including date, breed(s) and litter registration number.

DATE	BREED(S)	LITTER REGISTRATION #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Must have shown to TICA Grand Championship status a minimum of four (4) cats.

- One of the four must be bred by the applicant.
- Any cat not bred by the applicant must be acquired by 5 months of age.
- Three of the four must be unaltered.
- One of the three unaltered must be a SGC.
- One of the three unaltered must have received a Top 20 Allbreed Cat RW.
- One of the four must be of opposite body type/coat length.

Attach copies of Registration Certificates and TICA GRC/SGC Certificates.

NAME OF CAT	BREED	DATE OF GRC/SGC	SHOW	RW
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I have attached a Personal Resume and a recent professional 5" x 7" color photograph to this application.
 I am familiar with and agree to abide by the TICA By-Laws, Registration Rules, Show Rules, Breed Standards, and the Rules and Codes set forth in the TICA Judging Program.

 SIGNATURE

 DATE



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NON-BREEDER APPLICANTS (*Attach this page to application.*)

Must have been actively showing cats in TICA for a minimum of four (4) years.

_____ Date of first TICA show: _____ *Attach copy of catalog cover and page(s) with cat(s) listed.*

Must have shown a minimum of five (5) cats acquired at five (5) months of age or younger to TICA Grand Champion/Grand Champion Alter, three (3) of which must be one coat length/body type and two (2) of opposite coat length/body type.

Attach copies of Registration Certificates and GRC/GRCA Certificates.

NAME OF CAT	BREED	REGISTRATION #	DATE ACQUIRED	DATE OF GRC/GRCA
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Three (3) of the cats shown must have achieved the title of Supreme Grand Champion/Supreme Grand Champion Alter. Attach copies of SGC/SGCA Certificates.

NAME OF CAT	BREED	DATE OF SGC/SGCA	SHOW
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Must have achieved three (3) Regional Wins in the Top Ten Allbreed Cats or Alters, one of which must be of opposite coat length/body type. *Attach copies of Regional Certificates.*

NAME OF CAT	BREED	REGIONAL WIN	DATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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SIGNATURE

DATE