

# MICHIGAN STATE RABBIT BREEDERS ASSOCIATION INC.

## Application for Club Affiliation With MSRBA

### Please Print or Type-Thank You.

Club must be ARBA Chartered.

Date of application \_\_\_\_\_

Check one:  Local State Club

Fair

Specialty Club

Does club wish to participate in the Group Insurance plan? \_\_\_\_\_ if yes, please complete application form for insurance plan.

Name of Club \_\_\_\_\_

### MSRBA Constitution requires that all individuals listed on this form must be MSRBA members.

#### President

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St. \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### Vice President

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St. \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### Secretary

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St. \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### Treasurer

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St. \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( ) \_\_\_\_\_

#### Member Representing your club as

#### State Director to the MSRBA

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St. \_\_\_\_\_

Zip \_\_\_\_\_ email \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Five Members of your club who are also MSRBA members (3 for Specialty Club)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Send completed forms and fee(s) by Dec 1st of preceding year to:**

**Sherry Garrett**

**18902 Seven Mile Rd**

**Reed City, MI 49677**

Phone: 231-468-9651

email: osceolasatin@yahoo.com

**Affiliation Fee** (for one year): **\$5.00** Local Club and Fair, **\$10.00** Specialty Club. Payable to "MSRBA"

Affiliation form is due by Dec 1st of preceding year. Failure to file by Dec 1st will cause the club to be delinquent. Delinquent clubs must pay an additional \$5.00 fee.

Clubs must file a copy of their ARBA Charter Certificate no later than March 15th

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#### DO NOT WRITE BELOW THIS LINE

Date received \_\_\_\_\_ Pmt. \_\_\_\_\_ Check # \_\_\_\_\_  Approved - Affiliation # \_\_\_\_\_

Review: Date \_\_\_\_\_ Reason: \_\_\_\_\_

Denied: Date \_\_\_\_\_ Reason: \_\_\_\_\_

Date Club notified of denial \_\_\_\_\_ Notification sent to: \_\_\_\_\_