

*Michigan State Rabbit Breeders Association*  
*Application for Specialty Club Affiliation*

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Please Print or Type-Thank You.

All Clubs must be ARBA Chartered.

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

Does your club wish to participate in the Group Insurance plan? \_\_\_\_\_ if yes, please complete the application form for the Insurance plan and return to the MSRBA Secretary with this form.

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

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

President  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Vice President  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Secretary  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Treasurer  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**MSRBA State Director**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St. \_\_\_\_\_  
Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**LIST 3 members who are also MSRBA members**  
**Do Not list the same persons as your Officers/Director**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

**Sherry Garrett, MSRBA Secretary**

**18902 Seven Mile Rd**

**Reed City, MI 49677**

**Phone (231) 468-1233**

**Email: Osceolasatin@yahoo.com**

**Affiliation Fee** (for one year): **\$10.00** for State or Regional Specialty Clubs: Payable to "MSRBA".

**Clubs must file a copy of their ARBA Charter Certificate no later than March 15<sup>th</sup> or the Club will be declared "Not in good standing" and shall forfeit affiliation and benefits, including representation on the MSRBA Board of Directors. Any Club whose affiliation has been forfeited must reapply for Affiliation, provide a current copy of their ARBA Charter and pay an additional \$10.00 fee with their application. All persons listed on this form must maintain current membership throughout the year affiliation is applied for.**

**DO NOT WRITE BELOW THIS LINE**-----

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

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

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