

Michigan State Rabbit Breeders Association
Application for All Breed Club Affiliation

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 5 members who are also MSRBA members
Do Not list the same persons as your Officers/Director.

1. _____
2. _____
3. _____
4. _____
5. _____

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): \$5.00 for Local All Breed Clubs. Payable to "MSRBA"

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 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 of the affiliation.

DO NOT WRITE BELOW THIS LINE

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

Denied: Date _____ Reason: _____

Date Club notified of denial _____ Notification sent to: _____