

Michigan State Rabbit Breeders Association
Application for Michigan Fair's Affiliation

Please Print or Type-Thank You.

All Fair's must be ARBA Chartered.

Date of application _____

Does the fair 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 requires that all Show Secretary's and Superintendent's 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: _____
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Secretary Name _____ Address _____ City/St. _____ Zip _____ Phone (____) _____ Email: _____	Treasurer Name _____ Address _____ City/St. _____ Zip _____ Phone (____) _____ Email: _____
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MSRBA State Director

Name _____
Address _____
City/St. _____
Zip _____ Phone(____) _____
Email: _____

LIST Show Secretary and Superintendent

Show Secretary: _____
Address: _____
Phone: (____) _____ Email: _____
Superintendent: _____
Address: _____
Phone: (____) _____ Email: _____

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 Michigan Fairs. Payable to "MSRBA"

Any fair whose affiliation has been forfeited must reapply for Affiliation, provide a current copy of their ARBA Charter and pay a \$5.00 fee with their application

Fairs must file a copy of their ARBA Charter Certificate no later than March 15th or the Fair will be declared "Not in good standing" and shall forfeit affiliation and benefits, including representation on the MSRBA Board of Directors. All Show Secretary's and Superintendent's 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 Fair notified of denial _____ Notification sent to: _____