

# MICHIGAN STATE RABBIT BREEDERS ASSOCIATION, INC.

## Application for MSRBA Group Insurance Plan

Check one: ☐ Local Club ☐ Specialty Club ☐ Fair      Date of application: \_\_\_\_\_

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

Fee: \$50.00      Payable to M.S.R.B.A

Submit with Affiliation Application to: Tiffany Weiss      4105 Castle Rd, Fostoria, MI 48435

Enrollment in the Group Insurance plan will cover your club for the following named event(s) for one calendar year, upon approval by the MSRBA. Be sure to include all parties that must be named on the policy. Events may include shows, exhibits, club sponsored 4-H functions, etc. **Please submit no later than January 1<sup>st</sup> of the CURRENT year.** All promotional literature must state that the club and function are being held in conjunction with the MSRBA.

Date of Event #1: \_\_\_\_\_ Event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Who, other than the club should be listed on the policy? (i.e. fairgrounds, county, etc.)

Date of Event #2: \_\_\_\_\_ Event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Who, other than the club should be listed on the policy? (i.e. fairgrounds, county, etc.)

Date of Event #3: \_\_\_\_\_ Event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Who, other than the club should be listed on the policy? (i.e. fairgrounds, county, etc.)

Club President: \_\_\_\_\_ Club Secretary: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email: \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Email: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

MSRBA AFFL # \_\_\_\_\_ Check # \_\_\_\_\_ AMT. PAID \$ \_\_\_\_\_