

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: _____

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 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:

Tiffany Weiss, MSRBA Secretary

4105 Castle Rd

Fostoria, MI 48435

Phone (989) 598-7660

Email: satin_chick@hotmail.com

Affiliation Fee (for one year): **\$5.00** for Michigan Fairs. Payable to "MSRBA"

Failure to file by Dec 1st will cause the fair to be delinquent. Delinquent fairs must pay an additional \$5.00 fee.

Any fair 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

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: _____