Michigan State Rabbit Breeders Association Application for Specialty Club Affiliation

Please Print or Type-Thank You. Date of application _____ All Clubs must be ARBA Chartered. 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 Vice President Name _____ Name _____ Address ____ Address _____ City/St _____Phone (____) ___Email: City/St. _____ Phone (____)____ Email: _____ Secretary Treasurer Name _____Address _____ Name _____ Address _____

 City/St.

 Zip

 Phone (_____)

 City/St

 Zip

 Phone (_____)

Email: Email: LIST 3 members who are also MSRBA members **MSRBA State Director** Do Not list the same persons as your Officers/Director Name _____ Address City/St. _____ 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): \$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 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 affiliation is applied for. DO NOT WRITE BELOW THIS LINE-----Pmt. \$ _____ Check # _____ Approved - Affiliation # _____-Denied: Date _____ Reason: Date Club notified of denial_____ Notification sent to: _____

Revised: 01/01/2025