

# ARBA MEMBERSHIP APPLICATION

Adult Name(s) \_\_\_\_\_

Youth Name(s) & Birthdate(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|                       |                                                                                    |                                                                             |                                                                              |
|-----------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Adult Dues</b>     | Single Membership                                                                  | <input type="checkbox"/> \$15.00 - 1 Year                                   | <input type="checkbox"/> \$40.00 - 3 Years                                   |
|                       | Husband/Wife                                                                       | <input type="checkbox"/> \$20.00 - 1 Year                                   | <input type="checkbox"/> \$50.00 - 3 Years                                   |
| <b>Youth Dues</b>     | 18 yrs of age & under                                                              | <input type="checkbox"/> \$8.00 - 1 Year                                    | <input type="checkbox"/> \$20.00 - 3 Years                                   |
| <b>Family Dues</b>    | Husband and/or Wife plus Children                                                  | <input type="checkbox"/> \$20.00 - 1 Year + \$2.00 for every youth \$ _____ | <input type="checkbox"/> \$20.00 - 3 Years + \$6.00 for every youth \$ _____ |
|                       |                                                                                    |                                                                             |                                                                              |
| <b>Non-Resident</b>   | All Non-Us Residents                                                               | <input type="checkbox"/> Add \$10.00 additional charge for 1 year           | <input type="checkbox"/> Add \$30 additional charge for 3 years              |
| <b>Donations</b>      | Optional (Tax Deductible)                                                          | <input type="checkbox"/> Research & Development Program \$ _____            |                                                                              |
|                       |                                                                                    | <input type="checkbox"/> Youth Scholarship Fund \$ _____                    |                                                                              |
|                       |                                                                                    | <input type="checkbox"/> Hall of Fame Library \$ _____                      |                                                                              |
| <b><u>TOTAL</u></b>   | All remittances in US funds only. Make payable to ARBA.                            | \$ _____                                                                    | <b>Recommended by:</b><br>Sarah Nemeth<br>ARBA #NEMESA00                     |
| <b><u>PAYMENT</u></b> | Please charge my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |                                                                             |                                                                              |
|                       | <input type="checkbox"/> Payment Enclosed                                          | Card # _____                                                                | Exp _____                                                                    |

*I hereby make application for membership in the American Rabbit Breeders Association, Inc. I agree to abide by your Constitution and By-Laws and to further the interest of the organization in every way possible.*

**American Rabbit Breeders Association, Inc.**

Glen C. Carr, Secretary  
PO Box 426  
Bloomington, IL 61702