

**MICHIGAN STATE RABBIT BREEDERS ASSOCIATION INC.**  
Application for MSRBA Group Insurance Plan

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

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

**Fee: \$ 50.00** Payable to MSRBA

Submit With Affiliation Application to :    Sherry Garrett 18902 Seven Mile Rd    Reed City, MI 49677

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 4H functions, etc. Please submit no later than **December 1st** of the preceding year. All promotional literature must state that the club and function are being held in conjunction with 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.):

**Date of Event #4:** \_\_\_\_\_ **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: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

MSRBA AFFL #: \_\_\_\_\_                      Check #: \_\_\_\_\_                      AMT PD. \$ \_\_\_\_\_