

*Michigan State Rabbit Breeders Association*  
*Application for Michigan Fair's Affiliation*

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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: _____
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Secretary Name _____ Address _____ City/St. _____ Zip _____ Phone (____) _____ Email: _____	Treasurer Name _____ Address _____ City/St. _____ Zip _____ Phone (____) _____ Email: _____
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**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:**

**Sherry Garrett, MSRBA Secretary**  
**18902 Seven Mile Rd**  
**Reed City, MI 49677**  
**Phone (231) 679-5554**  
**Email: Osceolasatin1@gmail.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 15<sup>th</sup> 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: \_\_\_\_\_

