

*Michigan State Rabbit Breeders Association*  
*Application for Specialty Club Affiliation*

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Please Print or Type-Thank You.

All Clubs must be ARBA Chartered.

Date of application \_\_\_\_\_

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  
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 3 members who are also MSRBA members**  
**Do Not list the same persons as your Officers/Director**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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: Osceolasatin@yahoo.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 15<sup>th</sup> 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-----

Date received \_\_\_\_\_ Pmt. \$ \_\_\_\_\_ Check # \_\_\_\_\_ Approved - Affiliation # \_\_\_\_\_ - \_\_\_\_\_

Denied: Date \_\_\_\_\_ Reason: \_\_\_\_\_

Date Club notified of denial \_\_\_\_\_ Notification sent to: \_\_\_\_\_