

MEMBERSHIP APPLICATION
National Angora Rabbit Breeders Club, Inc
Margaret Bartold
909 Highway E
Silex, MO 63377
573-384-5866
tomar5866@windstream.net

Date: _____

I hereby make application for membership in the National Angora Rabbit Breeders Club and agree, if accepted, to abide by our Constitution and By-Laws and to at all times support our shows, Rules and Regulations and to further the interest of the Angora Rabbit in every way possible.

TYPE	1 YEAR	2 YEARS	3 YEARS	4 YEARS
SINGLE YOUTH	___ \$5.00	___ \$10.00	___ \$15.00	___ \$20.00
SINGLE ADULT	___ \$10.00	___ \$18.00	___ \$27.00	___ \$35.00
ONE RABBITRY	___ \$15.00	___ \$25.00	___ \$35.00	___ \$45.00
FAMILY	___ \$20.00	___ \$30.00	___ \$40.00	___ \$50.00

TYPES OF MEMBERSHIP:

Single Youth: Through 18 years of age.

One Rabbitry: 2 persons at the same address.

Family: Two (2) adult members and all persons under the age of 19 who live at the same address.

Make check or money order payable to: National Angora Rabbit Breeders Club, Inc (NARBC, INC)
Canadian and Foreign Postage no additional charge. Membership or other items must be paid in U. S currency.

NARBC, Inc Patch: \$5.00 each Quantity ___ Total: \$ _____

NARBC, Inc. Guidebook: \$25.00 each Quantity ___ Total: \$ _____

NARBC, Inc. Newsletter

I would like to receive my newsletter: ___ By Email ___ By postal mail

Please list the FIRST and LAST names of EACH family member who is joining or renewing membership in the NARBC. Please print your names the way you will write them on your show entry forms.

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (____) _____ - _____

E-Mail: _____

Angora Breeds: _____

LIST THE FIRST AND LAST NAME OF EACH FAMILY MEMBER. INCLUDE THE DATE OF BIRTH FOR ALL YOUTH MEMBERS.

LAST NAME	FIRST NAME	DATE OF BIRTH- YOUTH ONLY	ARBA NUMBER (IF A MEMBER)

REFERRED BY: _____