**American Thrianta Rabbit Breeders' Association**

**Membership Application**

Mail to: Tina Reif, ATRBA Secretary

205 Mountain Laurel Lane, West Union, SC 29696

(864)718-1118; e-mail treif@clemson.edu

Is this a NEW \_\_\_ or RENEWAL \_\_\_ membership?

(If this membership is for more than one person, please list all names below)

DUES PER YEAR: Single Adult - $10\_\_\_ Single Youth - $7.00 \_\_\_

Husband/Wife or **2 ADULTS** at same address - $15.00\_\_\_

For each additional youth or adult in excess of 2 at same address - add $5.00/person

Foreign Memberships (including Canada) add $10.00 per year

Youth must include actual birth date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby make application for membership in the ATRBA club and agree to abide by its Constitution and By-Laws. Enclosed is the membership fee as circled above.

**Please Print Clearly!**

NAME(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDITIONAL PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARBA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATRBA# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIVE NEWSLETTER VIA E-MAIL: YES \_\_\_\_\_ or NO\_\_\_\_

Please include \_\_\_\_ patch(es) for $5.00 each. (Payment must be included)

\*Please note if this is new information since your last application.