

**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@clermson.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.