



AMERICAN THRIANTA RABBIT BREEDERS ASSOCIATION

Specialty Club Application

Name of Club: _____

City, State: _____

Website (optional): _____

List officers in the space provided below. All officers must be current ARBA and ATRBA members. Secretary and Treasurer may be a combined office.

President **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Vice President **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Treasurer **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Secretary **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

List directors in the space provided below (minimum of three). All directors must be current ARBA and ATRBA members. Attach additional sheets if necessary.

Director 1 **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Director 2 **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Director 3 **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Director 4 **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____

Director 5 **Name:** _____
 Address: _____
 EMAIL: _____
 Phone: _____



Send completed from to:
Tina Reif
ATRBA Secretary
205 Mountain Laurel Lane
West Union, SC 29696

Thank You!
ATRBA