

# The Kentucky State Rabbit Breeders Association, Inc Membership Application



Date \_\_\_\_\_ (Membership begins at renewal date or date of new membership.)

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

ARBA # (If Member): \_\_\_\_\_ ARBA Expiration date \_\_\_\_\_

**List Family Members:** (Any member less than nineteen (19) years of age is eligible to compete in Youth Division Contests.)

Name	Date of Birth (If Youth)

(Additional family members may be listed on back of form)

Breed(s) of Rabbits Raised:

\_\_\_\_\_

\_\_\_\_\_

List any local rabbit clubs in which you are a member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check one of the following:**

*Renewal*

*New Membership*

Individual Renewal One Year...\$4.00

Individual New Member One Year...\$4.00

Family Renewal One Year...\$6.00

Family New Member One Year...\$6.00

Individual Renewal Three Years...\$10.00

Individual New Member Three Years...\$10.00

Family Renewal Three Years...\$15.00

Family New Member Three Years...\$15.00

I enclose \$ \_\_\_\_\_ and make application for membership to The Kentucky State Rabbit Breeders Association and agree that if I am accepted to abide by the Constitution, By-laws and Rules of the association.

Signature: \_\_\_\_\_

**Please make checks or Money orders payable to: TKSRBA**

**Mail application and payment to:** Ron Dowell, Secretary  
514 Smith Ave  
Elizabethtown, KY 42701