CAPITAL CITY RABBIT CLUB MEMBERSHIP APPLICATION FORM

( ) NEW MEMBER OR ( ) RENEWAL

ARBA MEMBER ( ) YES ( ) NO. IF YES ARBA NUMBER\_\_\_\_\_\_\_\_\_\_\_\_

**DUES:**

( )ADULT MEMBER $6.00 ( ) COUPLE MEMBER (2 adults same address) $10.00

( )YOUTH MEMBER (AGES 0 TO 18) $3.00 Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( )FAMILY MEMBERSHIP $18.00 ALL AT SAME ADDRESS

Specify # of Adults ( ) and # of Youth ( )

**I hereby make application for membership in the Capital City Rabbit Club**

**and agree to abide by its Constitution and By-laws.**

Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabbit Breeds Raised:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to: Current Club Secretary:

Melissa Tillery

1830 SW 36 Street

Topeka, Ks 66611