

# SMOKY HILL RBA - MEMBERSHIP APPLICATION

Jennifer Dobbs, Secretary  
PO Box 381 / Abilene, KS 67410  
Shrba.show@gmail.com  
(337-718-1478)

NAME: \_\_\_\_\_ ARBA# \_\_\_\_\_

SPOUSE: \_\_\_\_\_ ARBA# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: [ ] \_\_\_\_\_ EMAIL: \_\_\_\_\_

NEWSLETTER TO BE SENT: EMAIL: \_\_\_\_\_ SURFACE MAILED: \_\_\_\_\_

YOUTH: \_\_\_\_\_ Birth date: \_\_\_\_\_ ARBA# \_\_\_\_\_

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RABBITRY NAME: \_\_\_\_\_

BREEDS RAISED: \_\_\_\_\_

**All memberships are for one year – January 1 – December 31.  
Membership *renewals* are due before Jan. 1<sup>st</sup> of each year.**

Rates: 1st & 2nd person: ..... each \$5.00 \_\_\_\_\_

3rd person: ..... \$4.00 \_\_\_\_\_

**NO CHARGE ADDITIONAL for 4th and/ or more person(s).**

**NOT ARBA MEMBERS?? REMIT ADDITIONAL \$1.00 PER MEMBERSHIP** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

I hereby make application for membership in the SMOKY HILL RABBIT BREEDERS ASSOCIATION.  
I will abide by its Constitution and By-Laws and work to promote the interest of this Association.

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

Date: \_\_\_\_\_