



Sunflower Jersey Wooly Rabbit Club

Membership Application for the Regional Specialty Club for Kansas, Missouri, Nebraska, and Oklahoma.

Name: _____ Youth DOB: _____

ARBA #: _____ Member of the National Jersey Wooly Rabbit Club: Yes / No

Address: _____ City/State/Zip: _____

Phone#: _____ Rabbitry Name: _____

Email: _____

Variety of Jersey Wooly's you have: _____

All Memberships are for one year- January 1 to December 31. Membership renewals are due before Jan 1st each year. Membership is \$10.00 per person. Checks can be made to Sunflower Jersey Wooly RC.

I hereby make application for membership in the Sunflower Jersey Wooly Rabbit Club. I will abide by the Constintuion and By-laws and work to promote the interest of this Regional Specialty Rabbit Club.

Signature : _____ Date: _____

Mail to: Melissa Tillery
1830 SW 36 Street
Topeka, Ks 66611