

Windy Plains Rabbit Breeders Association

Membership Application

Name (s)	Adult or Youth (Youth indicate age)	ARBA Number

New _____ Renewal _____

Address: _____ State _____ Zip _____

Phone: () _____ e-mail _____

Breeds raised: _____

I hereby make application for membership in the Windy Plains Rabbit Breeders Association. I will abide by its Constitution and By-Laws and work to promote the interest of this association.

Signature:

Membership dues: Adults \$7.00 Youth \$3.00 (Kansas state membership is included in fee)

Mail dues and application to: Amy Bryan

PO Box 156

Liberal, KS 67905