



The Kentucky State Rabbit Breeders Association, Inc Membership Application

Date _____ (Membership begins at renewal date or date of new membership.) **MAKE CHECKS TO: TKSRBA**

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ website _____

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: _____

Renewal

- Individual Renewal One Year...\$4.00
- Family Renewal One Year...\$6.00
- Individual Renewal Three Years...\$10.00
- Family Renewal Three Years...\$15.00

New Membership

- Individual New Member One Year...\$4.00
- Family New Member One Year...\$6.00
- Individual New Member Three Years...\$10.00
- 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: _____

Mail application and payment to:

Carol Henry, secretary
5865 Munfordville Road
Sonora, KY 42776

