



Membership Application

Individual Membership

Open Youth

Family Membership

ARBA No.: _____

Name: _____

Address: _____

Rabbitry name: _____ Website: _____

Tel. No: _____ Email: _____

List other member name(s) for Family Membership

Name

Open Youth

Open Youth

Open Youth

Requirement for membership:

1) You are a current member of the ARBA & HLRSC. Yes No

2) You have exhibited at least (one) HLCK Specialty Show / year. Yes No

List dates of shows attended : _____

3) You main focus in breeding rabbits is for (check one only). Shows Pet Market

4) You believe animals with congenital defects should be euthanized. Yes No

5) You will volunteer your time to the club at shows. Yes No

6) You are familiar with the ARBA Holland Lop Standard of Perfection. Yes No

If you do not meet the criteria for membership, your check will not be deposited.

Individual Membership \$ 5	
Family Membership \$ 10	
Total Amount Enclosed:	

Signature / Date

**Please make check payable to H.L.C.K. Send check & completed application to:
Keat Hor, Secretary/Treasurer, 7755 Highway 54, Philpot, KY 42366**