


<b>Membership Application</b>		DATE	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	
ADULT NAME(S)					
YOUTH NAME(S) & AGE(S)(S)					
ADDRESS			STATE	ZIP CODE	
<b>ADULT DUES</b>	SINGLE MEMBERSHIP	<input type="checkbox"/>	\$15.00 FOR 1 YEAR	<input type="checkbox"/>	\$40.00 FOR 3 YEARS
	HUSBAND/WIFE COMBINATION	<input type="checkbox"/>	\$20.00 FOR 1 YEAR	<input type="checkbox"/>	\$50.00 FOR 3 YEARS
<b>YOUTH DUES</b>	THROUGH 18 YEARS OF AGE	<input type="checkbox"/>	\$ 8.00 FOR 1 YEAR	<input type="checkbox"/>	\$20.00 FOR 3 YEARS
<b>FAMILY DUES</b>	<input type="checkbox"/> HUSBAND/WIFE \$20.00 PLUS \$ 2.00 PER YOUTH (1 YEAR) = (\$ _____)	<input type="checkbox"/>	<input type="checkbox"/> HUSBAND/WIFE \$50.00 PLUS \$ 6.00 PER YOUTH (3 YEAR) = (\$ _____)		
	<b>NON RESIDENT</b> ALL NON U.S. RESIDENTS <input type="checkbox"/> ADD \$10.00 SERVICE CHARGE (PER YEAR) ***				
<b>DONATIONS (OPTIONAL)</b>	<input type="checkbox"/> RESEARCH AND DEVELOPMENT PROGRAM (\$ _____)			<input type="checkbox"/> HALL OF FAME LIBRARY (\$ _____)	
	<input type="checkbox"/> YOUTH SCHOLARSHIP FUND (\$ _____)	<b>(ALL DONATIONS ARE TAX DEDUCTIBLE)</b>			
<b>TOTAL</b>	\$ _____	ALL REMITTANCES IN U.S. FUNDS ONLY MADE PAYABLE TO: ARBA		RECOMMENDED BY: Ron Dowell (DOWERO00)	
	PLEASE CHARGE MY CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> EXP: MM/YY				
<b>PAYMENT</b>	<input type="checkbox"/> PAYMENT ENCLOSED				
I hereby make application for membership in the American Rabbit Breeders Association, Inc. I agree to abide by your Constitution and By-Laws and to further the interests of the American Rabbit Breeders Association, Inc. in every way possible.				American Rabbit Breeders Association, Inc. Glen C. Carr, Executive Director PO Box 426 Bloomington, IL 61702 (309) 664-7500 (309) 664-0941 (Fax) Email: ARBAPOST@aol.com	
SIGNATURE					