

Membership Application



Date: _____ New: _____ Renew: _____

Please fill out form completely. A phone number and/or e-mail address must be provided.

Name: _____ ARBA# _____ Open/Youth

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Name: _____ ARBA# _____ Open/Youth

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Rabbitry name: _____ Youth date of birth _____

Varieties raised: _____

Please circle your membership choice.

Dues:

- Adult: Individual: _____ \$7
- Adult: Combination (Married Couple or 2 adults at same address \$10
- Family: Married Couple w/children ____ \$15
- Youth: Under the age of 19 _____ \$5

3-year membership dues:

- Adult: Individual: _____ \$19
- Adult: Combination (Married Couple or 2 adults at same address \$28
- Family: Married Couple w/children ____ \$42
- Youth: Under the age of 19 _____ \$12

I have enclosed \$ _____ to join the OMRRRC, and agree to abide by the constitution, bylaws, and club rules.

Mail completed form with payment to:

Josi Galford

14257 CR N65

Pioneer, OH 43554