

ARIZONA STATE RABBIT & CAVY BREEDERS ASSOCIATION
CLUB AFFILIATION FORM

Your club must be chartered with the ARBA and all Officers and Directors must be members of both the ARBA and ASRCBA. You must have a President, Vice-President, Secretary, Treasurer and three (3) or more Directors. The office of Secretary and Treasurer may be combined. If all information is not included, your affiliation will be returned to you for completion. Fees are \$15 per year.

Club Name: _____
Enter it exactly as it appears on your ARBA Charter

City of Origin: _____
Enter it exactly as it appears on your ARBA Charter

President: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Vice President: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Secretary: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Treasurer: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Director: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Director: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Director: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Director: _____
Address: _____
City/Zip: _____
Phone: _____
ASRCBA Expiration Date: _____
ARBA Expiration Date: _____
E-Mail Address: _____

Signature of person requesting affiliation: _____ Date: _____

Please return completed form to azrcba@gmail.com or mail to PO BOX 2580, Lakeside AZ. 85929