



AZ State Rabbit & Cavy Breeders Association

2020 Membership Application

- Membership Type: Adult (\$12)
 Youth 18 (18 yrs and under \$7)
 Husband/Wife (\$20 + \$2/youth)
 Single Parent Family (\$12 + \$2/youth)

Name: _____ ARBA #: _____
Email: _____ Rabbitry: _____
Phone Number: _____
Mailing Address: _____

Please list all other members joining with applicant listed above:

Name: _____ ARBA #: _____
 Adult Youth Birthday (if youth): _____

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 Adult Youth Birthday (if youth): _____

Please list rabbit and/or cavy breeds you currently raise:

Would you like your contact information and breeds you currently raise be listed on the club's website? Yes No

Make checks payable to: ASRCBA
Mail to: Vanessa Drevnick
4140 Show Low Lake Rd
Lakeside, AZ 85929