

ILLINOIS RABBIT BREEDERS ASSOCIATION MEMBERSHIP APPLICATION

{Fill out all applicable information and send to the proper person}

Name_____

Rabbitry Name if Applicable_____

Mailing Address_____

City_____State_____Zip_____

Adult_____Youth_____ {Age If Youth}_____ Youth are defined as through the age of 18 years, {under 19}

Are you joining through an IRBA Affiliated **Local** Club?? (ie Central Illinois Rabbit Breeder Association not a National or Illinois breed specialty club)

{Out of State Individuals MUST join through an Affiliated Illinois **LOCAL** Club!}

List the Club Name You are Joining Through_____

Email Address_____

{Please Print clearly}

Phone_____Cell Phone_____

ARBA Membership #_____

Breeds You Raise:_____

Membership & Sweepstakes Year Jan. 1st thru Dec 31st

Membership Fees: Adults joining through an IRBA Local Affiliated Club \$7.00-Youth joining through an IRBA Local Affiliated Club \$5.00

Adult or Youth joining individually \$8.00

Membership Application and Fees submitted AFTER July 1st are half price.

Send Membership Applications and Fees:

Illinois Rabbit Breeders

C/O Charles Wiltgen, Secretary

620 E. Mann St.

Gilman, IL 60938