



MICHIGAN DUTCH RABBIT CLUB

Membership Application

Date: _____ Check # or Cash: _____ Amount: _____

(Please circle) **NEW** or **RENEWAL** /// **OPEN** or **YOUTH**

Are you a current ARBA member? _____ Yes _____ No

Name(s): _____

Street Address: _____

City, State, Zip: _____

Phone & Email: _____

Individual - \$10.00 per year

Individual plus 1 family member - \$15.00 per year

Family (3 or more) - \$20.00 per year

Send to:

Julie Hume

1396 W Kinsel Hwy

Charlotte, MI 48813

Received: _____



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