

WSRBA

Application for Membership



I hereby make application for membership in the Wisconsin State Rabbit Breeders Association, Inc. and agree to abide by it's constitution and bylaws.

NEW

RE-NEW

- 1 Year \$10.00 ADULT MEMBERSHIP
- 1 Year \$12.00 HOUSEHOLD (2 Adults Plus \$2 per child)
- 1 Year \$7.00 YOUTH MEMBERSHIP

Name _____

Address _____ City _____ State _____ Zip _____

Birth date of Youth members _____

Phone # _____ e-mail _____

Breeds Raised _____



The sweepstakes will be recorded according to the name(s) identified on the above membership application. If you would like to show as a group or partnership please identify those name(s) here.

Recommended by: _____

Please make a copy of this and mail it to: WSRBA Secretary, Melody Stremkowski
5568 Cty Rd EE
Amherst WI 54406