

TEXAS RABBIT BREEDERS ASSOC., INC. - CLUB AFFILIATION FORM

Your club must be chartered with the ARBA and all Officers and Directors must be members of both the ARBA and TRBA. 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: Renewal \$10.00, New \$20.00. This completed form and proper fee must be in the Secretary's office no later than December 31st. Any club which does not complete the renewal within the proper time frame will be treated as a new club and will be required to pay the new club fee of \$20.00.

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

City of Origin: \_\_\_\_\_, TEXAS  
Enter it exactly as it appears on your ARBA

President: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Vice-Pres: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Phone: AC \_\_\_\_\_ # \_\_\_\_\_  
TRBA Expiration Date \_\_\_\_\_

Signature of person requesting affiliation: \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or need any information, please call me at 832-260-2398, e-mail [texasrba@yahoo.com](mailto:texasrba@yahoo.com) If you cannot get the TRBA expiration date, please contact me and I will provide it for you.

Return this form and proper fee to: TRBA  
13550 Spring Cypress Rd  
Cypress, TX 77249-2095

Thanks,  
Ken McCracken  
TRBA Sec