

TEXAS CALIFORNIAN RABBIT SPECIALTY CLUB

APPLICATION FORM

Carolyn Wright, Sec./Tres.
108 Justin Davis Lane
Smithville, Texas 78957
WCWright108@gmail.com

Name _____ Adult _____ Youth _____

Address _____

City _____ State _____ Zip _____

Name of Rabbitry _____

Date _____ ARBA # _____ TRBA Exp. Date _____

Home Phone # (_____) _____ Work Phone # _____

E-Mail Address _____

Important:

Do you want contact information included on the TexasCals.org web site and member directory? Failure to mark will include name and Town only.

Name:	___ Yes	___ No
Street Address:	___ Yes	___ No
City, State, Zip:	___ Yes	___ No
E-mail Address:	___ Yes	___ No
Web Site:	___ Yes	___ No

Do you want to be listed on a separate list that provides/sells meat pens? ___ Yes ___ No

Other Family Members:

Spouse _____ ARBA # _____ TRBA Exp. Date _____

Youth _____ ARBA # _____ TRBA Exp. Date _____

Youth _____ ARBA # _____ TRBA Exp. Date _____

Youth _____ ARBA # _____ TRBA Exp. Date _____

Youth _____ ARBA # _____ TRBA Exp. Date _____

Signature

Date

Dues: * As of March 1994

Individual \$ 5.00 for 1 year or \$ 10.00 for three years

Family \$ 8.00 for 1 year or \$ 18.00 for three years