



DR&CBA Membership Application.

Membership runs from January 1st - December 31st each year

Name _____

Youth Members' Names (18 or under¹):

Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

DOB = (Date of Birth)

Address _____

City _____
Province _____
Postal Code _____
Phone () _____
Email Address _____
Website Address _____

Rabbitry / Caviary Name _____
Breeds Raised _____

Do we have permission to publish phone number on membership list? Yes ____ No ____

Are you renewing your membership? Yes ____ No ____

Type of Membership:

Family (\$16.00) _____ Single (\$12.00) _____ Youth (\$8.00) _____

DR&CBA Website listing (\$5.00) Yes ____ No ____

Please send membership form along with payment to:

**DR&CBA
c/o Maureen Dyke,
243099 5th Side Rd.
RR#1, Grand Valley ON L0N 1G0
Make cheque out to the Dominion Rabbit and Cavy Breeders' ASSOC. (DR&CBA)**

For Secretary Use Only

Date: _____ Paid: _____ Ck# _____