



DR&CBA Membership Application

Membership runs from January 1 to December 31 each year.

Name _____

Youth Members' Names (18 or under)

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

DOB = Date of Birth

Address _____

City _____

Province _____

Postal Code _____

Phone _____

Email _____

Rabbitry / Caviary Name _____

Breed(s) Raised _____

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

Is this membership New _____ Renewal _____

Type of Membership:

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

DR&CBA Website listing (\$5.00 per year) Yes ___ No ___

Please send membership application along with payment to:

DR&CBA

c/o Maureen Dyke

RR#1

Grand Valley ON L0N 1G0

Make cheque payable to the Dominion Rabbit and Cavy Breeders' Association (DR&CBA)

For Office Use Only

Date: _____

Paid: _____

Ck# _____