



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 _____

Would you like your newsletter sent: Hardcopy mailed _____ or Digital copy emailed _____

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

Type of Membership:

Is this a New _____ or Renewal _____ membership?

Family (\$20.00) _____ Single (\$15.00) _____ Youth (\$10.00) _____

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.

Amaranth, Ontario, L9W 0V4

Make cheque out to the Dominion Rabbit and Cavy Breeders' ASSOC. (DR&CBA)

For Secretary Use Only

Date: _____ Paid: _____ Ck# _____