

MLRCA Membership Application



Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

DATE OF APPLICATION _____ age (Youth Only) _____

RECOMMENDED BY _____

I hereby make application/renewal for membership in the Mini Lop Rabbit Club of America with the intention of promoting and improving the breed. I agree to abide by its Constitution and By-laws.

Signed: _____

Birth date (Youth): _____ Email: _____

(Please circle one)	1-Year	Renewal	3-Year	Renewal
Youth	\$14.00	\$9.00	\$29.00	\$24.00
Single	\$19.00	\$14.00	\$44.00	\$39.00
Household (2-Adults)	\$22.00	\$17.00	\$53.00	\$53.00
Family	\$24.00	\$19.00	\$59.00	\$54.00

Send to:

Pamela Celesnik Sec/Teas
5706 County Hwy T
Chippewa Falls, WI 54729
715-874-5959

PLEASE CHECK ONE: NEW _____

RENEWAL _____

