

NATIONAL REX RABBIT CLUB

Arlyse DeLoyola, Secretary 117 Allegheny Ct, San Marcos, TX 78666
Phone (512) 392-6033 Email: deloyola@centurytel.net

MEMBERSHIP FEES USA ADDRESS:

INDIVIDUAL NEW: (1 yr) Adult or Youth \$15.00 - each ADDITIONAL person at same address \$5.00;

(3 yr) Adult or Youth \$30.00 - each ADDITIONAL person at same address \$12.00:

INDIVIDUAL RENEWAL: (1 yr) Adult or Youth \$10.00 – each ADDITIONAL person at same address \$5.00;

(3 yr) Adult or Youth \$25.00 - each ADDITIONAL person at same address \$12.00:

CANADIAN or FOREIGN ADDRESS: (*ALL FEES TO BE PAID IN US FUNDS)

INDIVIDUAL NEW: (1 yr) Adult or Youth \$25.00 – each additional person at same address \$5.00;

(3 yr) Adult or Youth \$60.00 - each additional person at same address \$12.00:

INDIVIDUAL RENEWAL: (1 yr) Adult or Youth \$20.00 - each ADDITIONAL person at same address \$5.00;

(3 yr) Adult or Youth \$55.00 - each ADDITIONAL person at same address \$12.00:

SANCTION FEE: OPEN \$10.00 - YOUTH \$7.00

*Membership Fees are the same for Adult AND/OR Youth.

*Only INDIVIDUAL Members receive club publications.

*ADDITIONAL Members must have same mailing address as an INDIVIDUAL Member.

*ALL FEES TO BE PAID IN US FUNDS

NATIONAL REX RABBIT CLUB MEMBERSHIP APPLICATION

Arlyse DeLoyola, Secretary 117 Allegheny Ct, San Marcos, TX 78666
Phone (512) 392-6033 Email: deloyola@centurytel.net

NAME: _____

(Check ALL Applicable Boxes)

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [Adult] | [Youth] | [New] | [Renewal] |

List Birth Date IF Youth: [MM/DD/YY] _____

(Check ALL Applicable Boxes)

NAME: _____

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [Adult] | [Youth] | [New] | [Renewal] |

List Birth Date IF Youth: [MM/DD/YY] _____

RABBITRY NAME: _____

STREET OR BOX NO. _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ EMAIL: _____

RECOMMENDED BY: _____

Please print or write legibly to avoid incorrect processing, or delay in processing.