



National Jersey Woolly Rabbit Club

Membership **Renewal** Application

Name _____ **ARBA #** _____

For family membership

List additional names of all family members who currently live at the same address:

Name _____ ARBA#(if available) _____ Youth DOB required (month & year) _____

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Name _____ ARBA#(if available) _____ Youth DOB required (month & year) _____

Name _____ ARBA#(if available) _____ Youth DOB required (month & year) _____

Address: _____

Number & Street

City

State

Zip

E-mail: _____

Phone # _____

Adult Renewal *1 year \$12 or 3 years \$25* \$ _____

Youth Renewal *1 year \$9* \$ _____

Family Membership *1 year \$25 or 3 years \$60* \$ _____
2 adults and any children under the age of 19 legally residing at the same address

Total Due \$ _____

Send check or money order payable to **NJWRC** along with the application to:

**NJWRC Secretary, Douglas Brown,
505 Main Street, Norwalk, WI 54648**

NJWRCsecretary@gmail.com

Or: PayPal: NJWRClubTreasurer@gmail.com (if paying by PayPal, make sure to *type YOUR NAME* and a list of **ALL MEMBERS** included on this application in the *PayPal Notes* section.)