



National Jersey Wooly Rabbit Club Membership Application

Name _____ ARBA# _____

For Family membership
List names of all family members that wish to join and who currently live at the same address:

Name	ARBA#(if available)	Youth DOB required (month & year)
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Address _____
Number & Street City State Zip County

Phone # _____

E-mail: _____

Membership includes an email version of the newsletter and one FREE guidebook "Guide to the Jersey Wooly" to new members.

Adult New Membership*	1 year \$15 or 3 years \$35	\$ _____
Adult Renewal	1 year \$12 or 3 years \$25	\$ _____
Youth New Membership*	1 year \$12	\$ _____
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		
Life Membership	\$100 one-time payment	\$ _____
Any member in good standing who has held continuous membership for a minimum of 3 years and has reached the age of 40 years.		
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.)