



# Czech Frosty Rabbit Club

Please check the desired membership:

Youth: 1 year \$5.00 \_\_\_\_\_ 3 years \$12 \_\_\_\_\_

Adult: 1 year \$10.00 \_\_\_\_\_ 3 years \$25 \_\_\_\_\_

Husband/Wife (or 2 cohabitating adults): 1 year \$15.00 \_\_\_\_\_ 3 years \$40 \_\_\_\_\_

Family (2 or more at same address): 1 year \$20.00 \_\_\_\_\_ 3 years \$50 \_\_\_\_\_

Individual Adult Life Membership: \$200 \_\_\_\_\_

**Date Joined** \_\_\_\_\_

Name \_\_\_\_\_ ARBA # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Names of others to be included with this membership:

*If any members below are Youth (under the age of 19), please include Date of Birth.*

\_\_\_\_\_ ARBA # \_\_\_\_\_

\_\_\_\_\_ ARBA # \_\_\_\_\_

\_\_\_\_\_ ARBA # \_\_\_\_\_

\_\_\_\_\_ ARBA # \_\_\_\_\_

Rabbitry Name: \_\_\_\_\_

I want to have my name and rabbitry listed on the CFRC Webpage Breeders List:

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, I want the following listed: \_\_\_\_\_ E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_ City \_\_\_\_\_ State

Check Number: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_ PayPal: \$ \_\_\_\_\_

Please mail application and check to:

**Czech Frosty Rabbit Club (CFRC)**

Melissa Ordway, Secretary

47 Hardscrabble Rd

Port Jervis, NY 12771

[czechfrostyrabbitclub@gmail.com](mailto:czechfrostyrabbitclub@gmail.com)

*Payment can also be made via PayPal using the Friends & Family option.*

Send PayPal to:  
[c frostypay@gmail.com](mailto:c frostypay@gmail.com)

*Please note what name membership payment is for!*