

MEMBERSHIP APPLICATION

Ontario Rabbit

P.O. Box 634
Brussels, Ontario
N0G 1H0

info@ontariorabbit.ca

Membership information:

New Member

Renewal of Membership

Remove from Mailing List

Name: (As registered or to be registered with Ontario Rabbit)

Partner/Spouse:

Business Name:

Premise ID #

Street/Road Address (please include RR#, fire or emergency #, lot & concession)

City:

Postal Code:

Township & County:

Telephone:

Cell:

Fax:

Email Address:

Membership Fee:

Producer: \$35

Number of Breeding Does:

Commercial: \$50

Packer/Processor

Supplier (i.e. pharmaceuticals, equipment, etc.)

Feed Supplier

Other: please specify

Veterinarian

The information collected on this application will be used by Ontario Rabbit to maintain a record of Ontario Rabbit memberships. Names of Ontario Rabbit members will not be released to individuals or organizations for commercial or professional activities.

Please send application and membership fee to: **Ontario Rabbit— P.O. Box 634, Brussels, Ontario N0G 1H0**
Make cheque for membership fee payable to **Ontario Rabbit**.

Please do not send cash in the mail and do not staple the cheque to the form.

(form revised 01/2018)

For Office use: Received payment: Yes ___ No ___ Cash ___ Cheque ___ Cheq# ___ Amount paid: _____

Date membership received: _____ Date of membership expiry: _____