



## American Netherland Dwarf Rabbit Club LIFE MEMBERSHIP APPLICATION

Mail Application & Payment to:

**Cindy Stelloh, PO Box 573, Mukwonago, WI 53149**

Please make checks or money orders payable to: **ANDRC**

### LIFE MEMBERSHIP GUIDELINES

[A] Any member who has become an ANDRC Hall of Fame member shall be granted Life Membership in this association.

[B] Any member of this association who has reached the age of sixty (60) years and who has twenty-five (25) consecutive, uninterrupted years of membership in the ANDRC shall be granted a Life Membership in this association. The prospective Life Membership member must notify the Secretary of their request to become a Life Member.

[C] Any member of this association who has reached the age of forty (40) years of age and who has twenty-five (25) consecutive, uninterrupted years of membership in the ANDRC may apply for a Life Membership with a one-time payment of \$300.00. Full payment must accompany Life Membership requests.

[D] In the case of one adult member of a combination membership receiving a Life Membership, the other adult member may take one of two options:

[1] Continue to pay the yearly rate of the difference between a combined adult membership. The combined adult membership status may be retained until death, divorce or separation, at which time the remaining spouse or partner must either purchase a Life Membership pending Board approval or revert back to single membership status.

[2] A spouse may obtain a Life Membership for an additional \$200.00 and must also have twenty-five (25) consecutive, uninterrupted years of membership. Full Life Membership payment must accompany the request.

I hereby apply for Life Membership in the American Netherland Dwarf Rabbit Club. By enclosing my payment, I agree that if I am accepted I will abide by the Constitution, By-laws, and Rules of the Club and to further the interests of the Netherland Dwarf rabbit whenever possible.

### LIFE MEMBERSHIPS — US Funds ONLY please select from the following options:

J		Cost	
	Option [B] as described above	\$0.00	
	Option [C] as described above	\$300.00	
	Option [D] as described above — please provide spouse or partner information where indicated below	\$200.00	
			<b>LIFE MEMBERSHIP TOTAL</b>

Name					
Address					
City				State	Zip
Phone		E-mail			
Year Joined	Birthdate	Membership #			
Please provide spouse or partner information ONLY for Option [D] as described above:					
Name					
Year Joined	Birthdate	Membership #			