

**APPLICATION FOR MEMBERSHIP
PIONEER CAVY FANCIERS**

Name _____ Caviary Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ ARBA Membership Number _____ email _____

Breeds of Cavies Raised _____

Names of all Family/Partnership Members _____
(List birthdate of Youth Members)

Organizational affiliation _____

Dues: (Circle one)	Annual	<u>2 Year</u>	<u>3 Year</u>
Individual	\$10.00	\$15.00	\$20.00
Family/Partnership	\$15.00	\$20.00	\$30.00
Youth	\$ 8.00	\$12.00	\$16.00

Mail To:

Dana Kolstad, Treas.
3540 N. Curt Drive
Meridian, ID 83646

208-888-9219

Make Check Payable To:
Pioneer Cavy Fanciers