

Application for Membership

TO: THE BOARD OF DIRECTORS

Mutation Chinchilla Breeders Association, Inc.

Send To

Mutation Chinchilla Breeders Assoc
Brenda Walter / Membership Chair.
4354 Highway Y
Dodgeville, WI 53533

I, THE UNDERSIGNED, am an owner of mutation chinchillas, and hereby apply for membership in the MCBA, Inc. and certify my acceptance of the following regulations and Code of Ethics:

1. I agree to pay in advance the full sum of \$ 30.00 (for US and Canadian members) to be paid in U.S. currency (\$60.00 for foreign memberships) which is the annual fee charged for membership.
2. To abide by the By-Laws and the MCBA Code of Ethics.
3. To cooperate with my chapter organization and with the national office by submitting information requested for the assembling of statistics and other data for the general good of the mutation chinchilla industry.
4. I reserve the right to cancel my membership at any time by written notice to the Board of Directors.
5. Do not become a member of, employee of, volunteer for, investigate for, or paid by any animal rights organization or other system, program or policy in conflict with MCBA, Inc.
6. Do support the use of humane euthanasia and the rights of others to ranch chinchilla for pelt production.

PLEASE NOTE BEFORE SIGNING:

- A. MEMBERSHIP CAN BE REPRESENTED BY ONLY ONE PERSON.
- B. NO CHANGE MAY BE MADE IN THE TEXT OF THIS APPLICATION.
- C. APPLICANTS DO NEED TO HAVE A SPONSOR SIGN THEIR APPLICATIONS.
- D. APPLICATION MUST BE HAND SIGNED.

ENTER NAME AND AFFIX SIGNATURE IN ONE APPLICABLE BOX ONLY

IF YOU DO NOT CONDUCT YOUR CHINCHILLA BUSINESS UNDER A RANCH OR BUSINESS NAME SIGN HERE
APPLICANT _____ <div style="text-align: center;">(Print Name)</div>
APPLICANT _____ <div style="text-align: center;">(Handwritten Signature)</div>

CORPORATIONS, BUSINESSES, COMPANIES, RANCHES SIGN HERE
APPLICANTS RANCH OR BUSINESS NAME _____ <div style="text-align: right;">(Print)</div>
MEMBERSHIP REPRESENTATIVE _____ <div style="text-align: right;">(Print)</div>
MEMBERSHIP REPRESENTATIVE _____ <div style="text-align: right;">(Handwritten Signature)</div>

APPLICANT'S ADDRESS _____
(Please print street and number)

City _____ State _____ Zip _____

Date _____ 19 _____ Phone # _____

If a specific Chapter is desired outside your location, please specify. If not, the one nearest you will be assigned to you.

_____ Chapter.

Sponsor Signature: - I certify that I am a member of MCBA, Inc. In good standing and desire to sponsor the above applicant who is the owner of mutation chinchillas.

Sponsor Signature