

Application for Membership

Send to:
Mutation Chinchilla Breeders Assoc.
Brenda Walter/ Membership Chair
4354 Hwy Y
Dodgeville, WI 53533

TO: THE BOARD OF DIRECTORS

Mutation Chinchilla Breeders Association, Inc.

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, found on the second page of this application.
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. 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 _____
(Print Name)

APPLICANT _____
(Handwritten Signature)

CORPORATIONS, BUSINESSES, COMPANIES, RANCHES SIGN HERE

APPLICANTS RANCH OR BUSINESS NAME _____
(Print)

MEMBERSHIP REPRESENTATIVE _____
(Print)

MEMBERSHIP REPRESENTATIVE _____
(Handwritten Signature)

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

City _____ State _____ Zip _____

Date _____ 20 _____ Phone # _____

Email _____

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

_____ Chapter.