

SOUTHERN WISCONSIN BUCKSKIN ASSOCIATION

Charter of the American Buckskin Registry Association

2017 MEMBERSHIP APPLICATION



Memberships run from January 1 – December 31 regardless of when submitted.

New: _____
Renewal: _____ SWBA Membership # _____

Select Membership Type:

_____ Youth (18 and under as of 1/1)----\$15.00
_____ Individual-----\$20.00
_____ Family w/no Youth-----\$25.00
_____ Family w/Youth-----\$35.00

Name as it appears on ABRA card: _____
ABRA Membership # _____ Circle: Youth Amateur Open

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

NOTE: Important club updates are emailed throughout the year.

Name of Youth and/or Amateur member and birthdates for class eligibility:

_____/_____/____ YA/AM ABRA# _____
_____/_____/____ YA/AM ABRA# _____
_____/_____/____ YA/AM ABRA# _____
_____/_____/____ YA/AM ABRA# _____

Signature as shown on ABRA Membership card: _____ Date: _____

Make check payable to **SWBA** and mail with application to:
SWBA, P.O. Box 184, Milton, WI 53563

Any questions:
608-580-0701
swba@swbuckskin.com

Visit us online at www.swbuckskin.com

OFFICE USE ONLY: Date received: _____ Check # _____ \$ _____ Card sent: _____ SWBA Membership # _____
