

**ARBA Charter
Application**



TO ALL REGIONAL, STATE, & COMMERCIAL SPECIALTY CLUBS:

**Your charter application is on the reverse side of this document.
Please follow the guidelines below when completing the application.
All rules and regulations governing Specialty Clubs can be found
under Article II, sections 2 & 5 of the ARBA By-Laws.**

Phone: 814-297-8233

Fax: 814-297-8299

email: info@arba.net

NEW charter applications must include the following items:

- New Charter Fee of \$30.00
- A copy of the club's Constitution and By-Laws
- A designation of specialty club type: Regional, State, or Commercial.

RENEWAL charter applications must include the following items:

- Renewal Charter Fee of \$20.00
- A copy of any changes to the club's Constitution and By-Laws

The following regulations **MUST** be complied with on ALL charter applications:

1. ALL Officers and Directors **MUST** be current ARBA members.
2. At least eight (8) different members of your association (including the Officers and Directors) must be current ARBA members.
3. ALL Directors **MUST** be listed. (Minimum of 3 Directors — Attach additional sheets if needed).
4. State, or Commercial Specialty Clubs may only secure sweepstakes sanctions from the state association wherein the original charter was issued. Regional Specialty Clubs may only secure sweepstakes sanctions from state associations of the states named in their Constitution & By-Laws as within their region.

Please notify the ARBA in writing whenever you have a change in Officers or Directors so we may update the club's charter file. There is no fee for this update.

All charters expire January 1 of each year. Renewals are due on or before JANUARY 1 of each year. A 60 day grace period is allowed. All renewals **MUST** be received by March 1. All charter applications received after March 1 will be considered applications for new charters and all rules and fees governing new charters will apply. All charter renewals received between February 1 and March 1 will incur a Late Charter Filing Fee of \$25.00 in addition to the standard charter filing fees.

ARBA By-Laws: ARTICLE V; Section 1: (a) Members acting either in an individual capacity or representing chartered clubs to resolve disputes must utilize internal processes and should resolve not be reached, agree to mandatory arbitration. *This is interpreted to be in reference to resolving disputes within the ARBA. All clubs are autonomous in their governance and will determine their means by which to resolve their own disputes.*

SEND COMPLETED FORM ALONG WITH ALL FEES TO:

**ARBA
PO BOX 400
KNOX, PA 16232**

Please forward the completed application to the address listed above. Should you have any questions or concerns regarding the charter application, do not hesitate to contact the ARBA office for assistance.

Thank You!

Sincerely,
ARBA Charter Department

**ARBA Charter
Application**



REGIONAL, STATE & COMMERCIAL SPECIALTY CLUBS

FOR ARBA USE ONLY

This is your charter application.
Please read and follow the instructions on the
reverse side of this form before completing the application.
(PLEASE PRINT USING BLUE OR BLACK INK ONLY)
ALL CHARTER RENEWALS ARE DUE
JANUARY 1st OF EACH YEAR

YEAR: _____

CHARTER #: _____

AMT PAID: _____

Name of Club: _____

City of Charter: _____ State: _____

Number of ARBA Members in Club ➤	DESIGNATE SPECIALTY CHARTER TYPE: <input type="checkbox"/> REGIONAL SPECIALTY <input type="checkbox"/> STATE SPECIALTY <input type="checkbox"/> COMMERCIAL SPECIALTY
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LIST ALL OFFICERS AND DIRECTORS BELOW. A MINIMUM OF 3 DIRECTORS IS REQUIRED BY THE ARBA. YOUR CLUB MAY REQUIRE MORE. PLEASE INCLUDE ADDITIONAL SHEETS IF NEEDED. ONLY TREASURER AND SECRETARY MAY BE COMBINED. ALL OFFICERS AND DIRECTORS MUST BE CURRENT ARBA MEMBERS.

PRESIDENT NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

VICE PRESIDENT NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

TREASURER NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SECRETARY NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DIRECTOR 1 NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DIRECTOR 2 NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DIRECTOR 3 NAME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

DIRECTOR 4 NME: _____ ARBA#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SIGNED (Club Secretary): _____ Date: _____