

**ARBA Charter
Application**



STATE ASSOCIATIONS

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: _____

LIST ALL OFFICERS AND DIRECTORS BELOW. A MINIMUM OF 5 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 AND RESIDE WITHIN THE STATE OF CHARTER.

PRESIDENT NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

VICE PRESIDENT NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

TREASURER NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

SECRETARY NAME: _____ **ARBA#:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

DIRECTOR 1 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 2 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 3 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 4 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 5 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 6 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 7 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

DIRECTOR 8 NAME: _____ **ARBA#:** _____

ADDRESS: _____ **EMAIL:** _____

A complete list of all local and specialty clubs affiliated with your state association must accompany this form. Please attach separate sheet(s) to be submitted with this application.

SIGNED (Club Secretary): _____ **Date:** _____

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TO ALL STATE ASSOCIATIONS:

**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 State Associations can be found
under Article II, sections 2 & 6 of the ARBA By-Laws.**

Phone: 814-797-4129

Fax: 814-797-0221

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

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 and reside within the state of charter.
2. At least eight (8) different members of your association (including the Officers and Directors) must be current ARBA members.
3. ALL Officers and Directors **MUST** be listed. (Minimum of 5 Directors — Attach additional sheets if necessary).
4. No more than 3 officers may be from the same affiliated club.
5. A list of All local and/or specialty clubs affiliated with the state association **MUST** be attached to the application. A minimum of 3 clubs is required. All affiliated clubs must be chartered with the ARBA and be within your state boundaries.

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