ARBA Charter Application



YOUTH CLUBS

This is your charter application. Please read and follow the instructions found 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:	

Rev 4/24

FOR ARBA USE ONLY

City of Charter: State: Number of ARBA Members in Club	Name of Club:	
Number of Non-ARBA Members in Club X \$1.00 = Non-Member Fees	City of Charter:	State:
LIST ALL OFFICERS AND DIRECTORS BELOW. A MINIMUM OF 3 DIRECTORS ARE REQUIRED BY THE ARBA. YOUR CLUB MAY REQUIRE MORE. PLEASE INCLUDE ADDITIONAL SHEETS IF NEEDED. ONLY TREASURER AND SECRETARY MAY BE COMBINED. SPONSOR NAME: ARBA#: ARBA#: ARBA#: PHONE: FMAIL: PHONE: PH	Number of ARBA Members in Club	
MORE. PLEASE INCLUDE ADDITIONAL SHEETS IF NEEDED. ONLY TREASURER AND SECRETARY MAY BE COMBINED. SPONSOR NAME: ARBA#: ADDRESS: EMAIL: PHONE: 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: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: ARBA#: ARBA#: ADDRESS: EMAIL: ARBA#: ARBA#: ADDRESS: EMAIL: ARBA#: ARBA#: ADDRESS: EMAIL: ARBA#: ARBA#: ADDRESS:	Number of Non-ARBA Members in Club	(X \$1.00 = Non-Member Fees)
ADDRESS: EMAIL: PRESIDENT NAME: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: PHONE: TREASURER NAME: ADDRESS: EMAIL: PHONE: SECRETARY NAME: ADDRESS: EMAIL: DIRECTOR 1 NAME: ADDRESS: EMAIL: DIRECTOR 2 NAME: ADDRESS: EMAIL: DIRECTOR 3 NAME: ADDRESS: EMAIL: PHONE: DIRECTOR 4 NAME: ADDRESS: EMAIL: PHONE: DIRECTOR 5 NAME: ARBA#: ADDRESS: EMAIL: PHONE: ARBA#: ADDRESS: EMAIL: ARBA#: ADDRESS: EMAIL: ARBA#: ADDRESS: EMAIL: ARBA#: ADDRESS:		
EMAIL: PHONE: PRESIDENT NAME: ARBA#: ADDRESS:	SPONSOR NAME:	ARBA#:
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#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ARBA#: ARBA#: ADDRESS: ARBA#:	ADDRESS:	
ADDRESS: EMAIL: PHONE: VICE PRESIDENT NAME: ADDRESS: EMAIL: PHONE: TREASURER NAME: ADDRESS: EMAIL: PHONE: SECRETARY NAME: ADDRESS: EMAIL: PHONE: DIRECTOR 1 NAME: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 2 NAME: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ARBA#: ADDRESS:	EMAIL:	PHONE:
EMAIL: PHONE: VICE PRESIDENT NAME: ARBA#: ADDRESS: PHONE: EMAIL: PHONE: ADDRESS: PHONE: SECRETARY NAME: ARBA#: ADDRESS: PHONE: EMAIL: PHONE: DIRECTOR I NAME: ARBA#: ADDRESS: PHONE: DIRECTOR 2 NAME: ARBA#: ADDRESS: PHONE: DIRECTOR 3 NAME: ARBA#: ADDRESS: ARBA#:	PRESIDENT NAME:	ARBA#:
VICE PRESIDENT NAME: ARBA#: ADDRESS:	ADDRESS:	
ADDRESS: EMAIL: PHONE: TREASURER NAME: ADDRESS: EMAIL: PHONE: SECRETARY NAME: ADDRESS: EMAIL: DIRECTOR 1 NAME: ADDRESS: EMAIL: DIRECTOR 2 NAME: ADDRESS: EMAIL: DIRECTOR 3 NAME: ADDRESS: DIRECTOR 3 NAME: ARBA#:	EMAIL:	PHONE:
EMAIL:	VICE PRESIDENT NAME:	ARBA#:
TREASURER NAME: ARBA#: ADDRESS: PHONE: SECRETARY NAME: ARBA#: ADDRESS: PHONE: PHONE: DIRECTOR 1 NAME: ARBA#: ARB	ADDRESS:	
ADDRESS: EMAIL: SECRETARY NAME: ADDRESS: EMAIL: DIRECTOR I NAME: ADDRESS: EMAIL: DIRECTOR 2 NAME: ADDRESS: EMAIL: DIRECTOR 3 NAME: ADDRESS: ARBA#: ADDRESS: EMAIL: ADDRESS: EMAIL: ADDRESS: EMAIL: ARBA#: ADDRESS: EMAIL: ARBA#: ADDRESS: EMAIL: ARBA#: ADDRESS:	EMAIL:	PHONE:
EMAIL: PHONE: SECRETARY NAME: ARBA#: ADDRESS: PHONE: PHONE: DIRECTOR 1 NAME: ARBA#: ADDRESS: PHONE: PHONE: DIRECTOR 2 NAME: ARBA#: ADDRESS: PHONE: ARBA#: ADDRESS: PHONE: ARBA#: ADDRESS: PHONE: PHONE	TREASURER NAME:	ARBA#:
SECRETARY NAME:	ADDRESS:	
ADDRESS: EMAIL: PHONE: DIRECTOR 1 NAME: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 2 NAME: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ADDRESS: ARBA#: ADDRESS:	EMAIL:	PHONE:
EMAIL: PHONE: DIRECTOR 1 NAME: ARBA#: ADDRESS: PHONE: PHONE: DIRECTOR 2 NAME: ARBA#: ADDRESS: EMAIL: PHONE: DIRECTOR 3 NAME: ARBA#: ARBA#: ADDRESS: ARBA#: ARBA#: ADDRESS: ARBA#: ADDRESS: ARBA#: ARB	SECRETARY NAME:	ARBA#:
DIRECTOR 1 NAME: ARBA#:	ADDRESS:	
ADDRESS:	EMAIL:	PHONE:
EMAIL: PHONE:	DIRECTOR 1 NAME:	ARBA#:
DIRECTOR 2 NAME: ARBA#:	ADDRESS:	
ADDRESS:	EMAIL:	PHONE:
EMAIL:PHONE: DIRECTOR 3 NAME: ARBA#: ADDRESS:	DIRECTOR 2 NAME:	ARBA#:
DIRECTOR 3 NAME: ARBA#:	ADDRESS:	
ADDRESS:	EMAIL:	PHONE:
	DIRECTOR 3 NAME:	ARBA#:
EMAIL:PHONE:	ADDRESS:	
	EMAIL:	PHONE:

A complete list of your club members (including names & addresses) must accompany this form. Please attach separate sheet(s) to be submitted with this application.

ARBA Charter Application



TO ALL YOUTH 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 Youth Clubs can be found under Article II, sections 2 & 8 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 \$25.00
- □ A fee of \$1.00 for each non-ARBA member
- □ A copy of the club's Constitution and By-Laws
- □ A complete membership listing including names, addresses, and ARBA membership numbers where applicable.

RENEWAL charter applications must include the following items:

- □ Renewal Charter Fee of \$15.00
- ☐ A fee of \$1.00 for each non-ARBA member
- □ A copy of any changes to the club's Constitution and By-Laws
- □ A complete membership listing including names, addresses, and ARBA membership numbers where applicable.

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

- 1. ALL Officers and Directors MUST be current ARBA youth members under the age of 19.
- 2. At least six (6) different members of your association must be listed as Officers and Directors.
- 3. ALL Directors MUST be listed. (Minimum of 3 Directors Attach additional sheets if necessary)
- 4. Only those persons under the age of 19 are eligible to exhibit at an ARBA Youth Sanctioned show.
- 5. All Youth Chartered clubs MUST have an adult sponsor. This sponsor may be either an ARBA chartered adult club, or an ARBA adult member. The sponsor is NOT a member of the Youth Club, but is responsible for the club and serves as an instructor/advisor to the club.
- 6. Name and Location (city & state) of club MUST appear on application. The word "youth" MUST appear in the name of the club.

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