

MEMBERSHIP FORM



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE INDICATE WHICH OF THE FOLLOWING INFORMATION YOU WISH TO SHARE IN THE MEMBERSHIP ROSTER

FOR MEMBERS ONLY  ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
PLEASE LIST THE BIRDS THAT OWN YOU :

NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

WRITE ON BACK ANY ADDITIONAL BIRDS

PLEASE LIST THE BIRDS YOU BREED { IF APPLICABLE }

\_\_\_\_\_

TYPE OF MEMBERSHIP: SINGLE (\$20.00) \_\_ FAMILY (\$26.00) \_\_

- FAMILY MEMBERSHIP INCLUDES: HUSBAND / WIFE / CHILDREN
- MAKE CHECKS PAYABLE TO MAEBS • SEND PAYMENT & FORM TO:  
**CAROL CROCKER • MAEBS MEMBERSHIP**  
**8567 HALLEY DRIVE • DUBLIN, OHIO 43016**