



# Mid-American Exotic Bird Society

## M.A.E.B.S. Membership Form

(Year is from March 2 - March 1)

**Print Legibly:** LAST Name \_\_\_\_\_ FIRST Name(s) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_

Best Phone # (\_\_\_\_) \_\_\_\_\_ Home Cell Other Phone (\_\_\_\_) \_\_\_\_\_ H C Text ok YES NO

E-mail: \_\_\_\_\_ FACEBOOK Yes No

### Ask to join Facebook: MAEBS Discussion Forum

**DO NOT** include the following info for members only roster: \_\_ Address \_\_ Home Phone \_\_ Cell Phone \_\_ E-Mail

### PET BIRDS I OWN: (continue on back if needed)

YEAR 20

Name	Breed	Approximate Age					
_____	_____	_____					
_____	_____	_____					
_____	_____	_____					
_____	_____	_____					
_____	_____	_____					
_____	_____	_____					

\_\_\_\_ I BREED \_\_\_\_\_

Name of Business: \_\_\_\_\_ City, State: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ (include business card to advertise in newsletter free)

**Suggestions** for club activities, articles, speakers, field trips, etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Vet(s) I use: \_\_\_\_\_

Mail this form and payment (check payable to "MAEBS") to:

**M.A.E.B.S., Membership, c/o 8611 Mingo-Lewisburg Rd, N. Lewisburg, Oh 43060-9634**

TYPE of Membership: \_\_\_\_\_ Single \$20/yr \_\_\_\_\_ Family \$28/yr (husband, wife, couple, children, all at same address)

\_\_\_\_\_ NEW or \_\_\_\_\_ RENEWAL Member since \_\_\_\_\_ Past Member? NO YES when: \_\_\_\_\_

### **FOR MAEBS Membership Use Only**

Yr 20 (Date Pd) \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Yr 20 (Date Pd) \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

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