



2010 MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

PLEASE INDICATE WHICH OF THE FOLLOWING INFORMATION YOU WISH TO INCLUDE IN YOUR LISTING FOR THE MEMBERSHIP ROSTER  
\*\*\*\* HANDED OUT TO MEMBERS ONLY \*\*\*\*

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE LIST THE BIRDS YOU OWN:

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 EXAMPLE: HUSBAND/WIFE/CHILDREN \*

- MAKE CHECKS PAYABLE TO MAEBS •
- MAIL PAYMENT AND FORM TO :

ROGER FOOR  
ATTN: MEMBERSHIP  
874 Rosemore Ave  
Whitehall, Ohio 43213

