



2011 MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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 ANY 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 THIS FORM AND PAYMENT TO:

Carrie Moseley
ATTN : MAEBS MEMBERSHIP

963 E Dunedin Ave
Columbus, Ohio
43224