

RAINBOW FEATHERS BIRD CLUB
MEMBERSHIP APPLICATION
FOR _____ YEAR

_____ RENEWAL _____ NEW

_____ SINGLE (\$15) _____ DUAL (\$20) _____ FAMILY (\$25) _____ BUSINESS (\$30)

PLEASE PRINT

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ BIRTHDATE: _____

E-MAIL ADDRESS: _____

TYPE OF BIRDS: _____

PETS OR BREEDERS: _____

CHILDREN'S NAMES: _____

THEIR BIRDS: _____

CHILDREN'S BIRTHDATE (S): _____

IF YOU DO NOT WANT YOUR PHONE NUMBER OR ADDRESS PUBLISHED IN CLUB LITERATURE OR FURNISHED TO ANYONE PLEASE INDICATE:

PHONE: _____ ADDRESS: _____ BOTH: _____

I/WE HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE RAINBOW FEATHERS BIRD CLUB. IF ACCEPTED I/WE PROMISE TO ABIDE BY THE CLUB RULES AND BY-LAWS TO THE BEST OF OUR ABILITY.

SIGNATURE(S) _____

PLEASE SUBMIT COMPLETED APPLICATION AT A RAINBOW FEATHERS BIRD CLUB MEETING OR MAIL TO: RAINBOW FEATHERS BIRD CLUB, P.O. BOX 1587, GARDEN CITY, MI 48135. WE MEET THE FOURTH SUNDAY OF EVERY MONTH, SOMETIMES SUBJECT TO CHANGE.