	AF Membershi	p Application	of A Real
Please Print Clearly	<b>Date:</b>	<del></del>	Tig her
Name:			Avicultural Socials
Address:			
City:	State:	Zip:	
Геl: ()	Co	ell: ()	
E-Mail Address:		· · · · · · · · · · · · · · · · · · ·	
☐ Yes, please send my manual This option is strongly encountries. Renew	ouraged to save the c		
Please check the birds in yo			
Finches Softbill Canaries Cockat			
In the annual membership d  Name Addres  Do not list me in the	ss Phone No.	ude my E-Mail	
Annual Dues: Individual: Dual: \$25 (a	l \$20 Regular; □ \$10 all dual memberships)		□ \$15 Senior (over 60
Referred to BOAF by			
Please make checks payable to	BOAF and send to:		
omments Or Suggestions:		Joann Br 41 Burnt Swa E. Kingston, (603) 642 JBrandt774(	amp Road NH 03827 -5074
omments of Suggestions.			
or office use only: eceived \$ Paid by: embership Card sent//_	cash Chec _	k No	