2025 BOA	AF Membership	Application	Bir ds
Please Print Clearly	Date:		
Name:			Avicultural Socies
Address:			-
City:	State: 2	Zip:	
Геl: ()	Cel	ll: (-
E-Mail Address:		·	
☐ Yes, please send my n (This option is strongly enco New Member: Renew Please check the birds in you	ouraged to save the co wal:		
Finches Softbill Canaries Cockat			
In the annual membership d Name Addres Do not list me in th	ss Phone No	de my E-Mail	
Annual Dues: Individual: Dual: \$25 (l \$20 Regular; ☐ \$10 all dual memberships)	Junior (under 18) or 🛘 \$	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, I (603) 642- JBrandt774@	mp Road NH 03827 -5074
or office use only: eceived \$ Paid by:	cash Check	No	
lembership Card sent//_			