

APPLICATION FORM

AGAPORNIS WORLD

NAME _____

2nd NAME FOR DUAL MEMBERSHIPS _____

ADDRESS _____

CITY _____

STATE & ZIP (9 DIGIT PLEASE) _____

PHONE (____) _____

AVIARY NAME: _____

Check here if you **do not** want your address and phone number listed in the next roster: _____

Annual membership dues for a twelve-month period in the African Love Bird Society, \$25.00. Dual Membership, \$30.00 (\$15.00 of this amount is for a subscription to AGAPORNIS WORLD for one year). Your Aviary may be listed in each Journal for an additional \$5.00. Return this form with remittance.

Make checks payable to ALBS and mail
to: Vicki Meyer
2764 Evergreen Drive
Great Falls, MT 59404

FOREIGN RATE
\$40.00 (single) / \$45.00 (dual) Air



ARE YOU MOVING?

Please send this sheet with corrections to the above address.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: (____) _____