

GOLD COAST AVIARY BIRD ASSOCIATION INC.

Membership Form

Application for New Membership: Renewal of Membership:

(Please tick appropriate Box)

Full Name: (Please Print)

Address:

.....

.....Postcode.....

Phone Numbers: ().....(Home and Mobile)

Fax Number:

E-Mail Address:

Membership Category: **FAMILY MEMBERSHIP** (Please Tick one)

January to December \$30.00 plus joining fee of \$5.00

July to December \$20.00 plus joining fee of \$5.00

NOTE: All Memberships Due on the 1st of January each year

I Do /Do Not - hold a license with the Queensland National Parks & Wildlife Service

License Number: _____(If applicable)

Species of Birds Kept (Please Tick one or more)

Aust. Parrots

Lovebirds

Neophemas

Budgerigars

Cockatiels

Finches

Canaries

Asiatics

Exotic Parrots

Pheasants

Doves & Quail

Other

I undertake to abide by the constitution and other rules of the Association as approved from time to time and certify that the Information provided above is accurate.

Date: ___/___/_____ Signature: _____

Please Print the above form, fill out and send with cheque or money order to

The Gold Coast Aviary Bird Assoc. Inc.,
PO Box 7003,
Gold Coast Mail Exchange,
Bundall, QLD 4217

For Further Information Contact The Secretary - Sue Brown, 07 - 5522 6666