

Minnesota Companion Bird Association Membership Application



Name _____ Date ____/____/____

Address _____

City _____ State _____ ZIP _____

Phone (Home) _____ Phone (Cell) _____ Your Birthday MM ____ DD ____

Email _____ Email _____

How did you hear about MCBA? _____

Type of membership (Annual Dues):

_____ Individual (\$25)

_____ Senior Individual (\$20)

_____ Family (\$32)

_____ Senior Family (\$25)

_____ Student (\$15)

_____ Junior (14 years and under) (\$10)

PAID: Cash ____ Check ____ PayPal ____

_____ Business (\$50)

Bird(s) you have as companion(s):

Please continue on back if you have more!

Name _____ Species _____ Age _____

Name _____ Species _____ Age _____

Your interests (please check all that apply):

_____ Education

_____ Foraging and Enrichment

_____ Conservation

_____ Construction and toy making

_____ Behavior and training

_____ Diet and nutrition

_____ Breeding

_____ Other. Please explain _____

I'd love to volunteer (please check all that apply):

_____ At meetings getting ready

_____ At Outreach programs

_____ At Fundraisers

_____ Anywhere I can help