

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 _____