

**Illini Bird Fanciers Inc.
Membership Application**

Name: _____

Families Names: _____

Address: _____

City: _____ State _____ Zip Code: _____

Day and Month only-----Birthdate: _____

Families Birthdates: _____

Home Phone: _____

Cell Number: _____

E-mail: _____

Is your Bird a Pet? yes no

Are you a Breeder? yes no

Types of Birds: _____

Are You a Vendor yes no

What do you sell ?

All New Members and Renewal Memberships are **\$10.00**
for individuals, **\$15.00** family.

Please make check payable to:

Illini Bird Fanciers Inc.

Mail to:

Illini Bird Fanciers, Inc.

PO Box 13006

Springfield, IL 62791