



# **A**ssociated Birdkeepers of **AUSTRALIA Inc**

**President:  
CRAIG JEFFERY  
02 4464 3229  
0457 591 118**

## **INDIVIDUAL MEMBERSHIP SUBSCRIPTION AND RENEWAL FORM**

July 1st to June 30th

Title: Mr/Mrs/Miss    Surname: .....    First Name: .....

Postal Address: .....    P/Code: .....

**\*Email Address:** .....  
(An email address is a quicker and more economical way for you to receive minutes and other ABA information.)

Phone: .....    Mobile .....

Fees due and payable by 1st July : (Note: **Membership is from July 1st to June 30 of the following year**)

Joining Fee:	\$5.00	\$ .....
Annual Membership Fee:	\$25	\$ .....
Life Membership Fee:	\$200	\$ .....
Donations:	Fighting Fund	\$ .....
	Other: (Please specify)	\$ .....
	<b>TOTAL ENCLOSED</b>	\$ .....

**DECLARATION:** I undertake to comply with the spirit of the Associated Birdkeepers of Australia Inc. **Code of Ethics** and to uphold the **Aims and Objectives** of the Associated Birdkeepers of Australia Inc.

Signed: .....    Print Name: .....    Date: .....

**PLEASE COMPLETE AND RETURN WITH PAYMENT TO:**

Associated Birdkeepers of Australia Inc.  
PO Box 41, BERRY NSW 2535

For Direct Deposit, please use your name as the reference to  
BSB 012556 Account 198071364