



2019 Affiliation Application

American Federation of Aviculture, Inc.
P.O. Box 91717
Austin, Texas 78709-1717
Phone (512) 585-9800 ~ Fax (512) 858-7029

For Office Use

AFA No. _____

Region _____

National Specialty-over 50 members _____ **\$125** (Organization is dedicated to one particular species or aspect of aviculture and operates on a national scale. Entitled to two delegates.)

National Specialty-50 members or less _____ **\$65** (Organization is dedicated to one particular species or aspect of aviculture and operates on a national scale. Entitled to one delegate.)

Local Category A _____ **\$125** (Organization represents one locale or region and has more than 50 members. Two delegates)

Local Category B _____ **\$65** (Organization represents one locale or region and has 50 members or less. One delegate.)

Date of application: _____

Name of Club/Society _____
Please write full name. No acronyms, please.

Address _____

City, State, Zip _____

Web Page Address: _____ Current number of members: _____

President _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Editor _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Please affiliate our organization for calendar year 2019. We understand that we are entitled to name one voting delegate if we have 50 members or less, and two voting delegates if we have over 50 members. We also understand that each delegate must hold a current membership in AFA. Delegates serve in the AFA House of Delegates and can be added to the AFA Yahoo Groups List. We hereby agree to the current AFA Bylaws.

Signed _____

Date _____ Title _____

Note: Affiliation can be done online: http://www.afabirds.org/affil_form.shtml

Please note: any changes of delegates, address or officers must be done in writing from the current President on organization letterhead and forwarded to the AFA business office by mail or email. Prorated Affiliation fees are available to NEW Affiliates on request. A valid email address is required to vote in the AFA electronic elections.

Delegate #1

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

AFA Member No. _____ (if known)

Delegate #2 (Only for clubs with more than 50 members)

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

AFA Member No. _____ (if known)

FOR OFFICE USE:

Date Rec'd _____

Amount _____ Ref _____