

GREAT WESTERN BUDGERIGAR SOCIETY, INC.

AFFILIATION FORM for the year of: 20 _____

We hereby apply for affiliation to the Great Western Budgerigar Society to form a coalition of societies and also obtain insurance coverage for meetings, shows and other society or club functions, if desired.

AFFILIATE NAME: _____

AFFILIATE ADDRESS: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: () _____ **Email Address:** _____

ENCLOSING:

___ **Affiliation to GWBS is \$25.00.**

___ **An additional \$100.00 includes insurance coverage.**

___ **Membership in GWBS, \$20.00 (See Separate form, not necessary for affiliation)**

Show Hall Name: _____

Meeting Place Name: _____

Address: _____

Phone: _____

Contact Person: _____

ADDRESS OF CLUB OFFICER:

Name & Office Address Phone:

Return completed form with check made payable to GWBS to:

GWBS Secretary, Marlene Miles, 1004 Olmsted Drive, Glendale, CA 91202-1430.

Ph 818-631-1115, Email: secretary@gwbs1.org

Rev 2/24/16