



AMERICAN POULTRY ASSOCIATION
 PO Box 306
 Burgettstown, PA 15021
 Phone: (724) 729-3459 Fax: (724) 729-1003

CLUB ASSOCIATION MEMBERSHIP FORM..... \$25.00 per show.

New Member Renewal

Today's DATE: _____

Name of Sponsoring Association: _____

Name of Authorized Person Submitting this Application: _____

Mailing Address: _____

City, State, Zip: _____

Phone: () _____ Email: _____

NAME OF SHOW: _____

SHOW LOCATION (City/State) _____

DATE (s) of Show – Month/Year only: _____

Name of Show Contacts: (Name ,Phone, Email) _____

Website: _____ -

NAME OF SHOW: _____

SHOW LOCATION (City/State) _____

DATE (s) of Show – Month/Year only: _____

Name of Show Contacts: (Name ,Phone, Email) _____

Website: _____

MASTERCARD/VISA #: _____ **Expiration Date:** _____

Name on card: _____ **CVC Code:** _____ (3 digit # on back of card)