



**AMERICAN POULTRY ASSOCIATION**  
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**CLUB & ASSOCIATE MEMBERSHIP FORM**  
**(\$25.00 Membership Fee)**

Today's Date: \_\_\_\_\_

Name of Club or Association: \_\_\_\_\_

Name of Authorized Person Submitting this Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email: \_\_\_\_\_

New Associate Membership \_\_\_\_\_ Renewal Associate Membership \_\_\_\_\_

Total number of sanctioned shows per membership year \_\_\_\_\_

***(\$25.00 Membership Fee per show)***

NAME OF SHOW (if applicable): \_\_\_\_\_

Show Location (city, state): \_\_\_\_\_

Date (s) of Show (month, year only): \_\_\_\_\_

Show Contact Name: \_\_\_\_\_

Show Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FOR MAIL IN APPLICATIONS ONLY:  
Mastercard/Visa # \_\_\_\_\_ Expire Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
CVC Code \_\_\_\_\_ (3-digit code on back of card)