

AMERICAN BUDGERIGAR SOCIETY, INC.

AFFILIATION FORM for the year of: 2018

We hereby apply for affiliation to the American Budgerigar Society and confirm that we will accept and abide by the official rules of the Society.

AFFILIATE NAME _____

AFFILIATE ADDRESS _____

CONTACT PERSON _____
(Must be an ABS member)

ADDRESS _____

PHONE WITH AREA CODE _____ **Email Address:** _____

Insurance is an option made available to affiliated clubs in which some members are not ABS members. Please review the options for your bird club, check the box or boxes that apply, and return this form with your check to the ABS Secretary listed at the bottom of this page.

\$100.00 for the affiliation only. Our club has our own insurance coverage. (Club name): _____ hereby waives insurance coverage through ABS' master policy, and agrees to indemnify and hold harmless the American Budgerigar Society from any and all litigation or loss that may arise.

\$150.00 for affiliation and insurance.

\$50.00 additional insurance coverage for a bird club to name their show hall/meeting place as an "added insured". (If checked, please provide show hall/meeting place- name, contact person, address and phone.)

Total Due: _____

Show Hall Name: _____

Meeting Place Name: _____

Address: _____

Phone: _____

Contact Person: _____

ROSTER OF CLUB OFFICERS:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
President		
Vice-President		
Secretary		
Treasurer		
Show Manager		

Make checks payable to the American Budgerigar Society, Inc., payable in US funds only. Return completed form with check to: ABS Secretary, Luemma McWilliams 1407 Southport Road, Mt. Pleasant TN 38474
Call (931)626-2230, OR email: absluemma@gmail.com.

A PATRONAGE FORM (AN ADDITIONAL FORM) MUST BE FILLED OUT AND RETURNED TO YOUR DISTRICT DIRECTOR TO HAVE YOUR SHOW ANNOUNCED IN THE BULLETIN AND OBTAIN AWARDS FOR YOUR SHOW. **PATRONAGE WILL NOT BE GRANTED UNLESS YOUR CLUB HAS AFFILIATED WITH ABS AND PLAQUES WILL NOT BE ORDERED UNTIL THE PATRONAGE FORM HAS BEEN RETURNED.**