



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

Today's Date: _____

Name of Club or Association: _____

Name of Authorized Person Submitting this Application: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone () _____ Email: _____

(\$25.00 Membership Fee per show)

NAME OF SHOW (if applicable): _____

Show Location (city, state): _____

Date (s) of Show (month, year only): _____

Name of Show Contacts: Name: _____

Phone: _____ **Email:** _____

FOR MAIL IN APPLICATIONS ONLY:

Mastercard/Visa # _____ Expire Date: _____

Name on Card: _____

CVC Code _____ (3 digit code on back of card)