



Center for Avian Adoption, Rescue, and Education

3641 South 20th Street
Fargo, ND 58104

Phone: 701-293-3833

E-mail: admin@caare.net

Web Site: www.caare.net

MEMBERSHIP APPLICATION

_____ New Application _____ Renewal Application

Date ___/___/___

NAME(s): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: HOME: _____ CELL: _____ WORK: _____

E-MAIL: _____

May we publish your contact information in our organization's directory of members? _____

Other organizations or societies you belong to: _____

Do you presently own birds? _____ Species: _____

Are you a hobbyist or breeder: _____

New member(s) indicate the functions you would be interested in volunteering for as a CAARE member:

- _____ Fostering birds
- _____ Adoption committee
- _____ Fund raising committee
- _____ Library committee
- _____ Events committee
- _____ Newsletter committee

How did you hear about CAARE: _____

Annual Dues/Membership fee:

- _____ Single membership - \$25.00 (allows one vote)
- _____ Family membership - \$30.00 (allows two votes)

MEETINGS: Usually the third Sunday of every month with advance notice.

CAARE MISSION STATEMENT:

To reach out and educate the public on the appropriate health care and general well-being of exotic birds;
To find homes for unwanted and/or abused birds through our adoption program; and
To provide a friendly and caring environment for members and guests to socialize and learn from one another.

I _____ have read and received a copy of CAARE Bylaws.

For CAARE use:

Received dues on: ___/___/___

Approved by: _____ Date: ___/___/___

Check number: _____ Cash: _____