



# Membership Application

Name:.....Date of Birth(optional):.....

Address:.....

Post Code:.....Email Address:.....

Phone: Home.....Work.....Mobile.....Fax.....

Membership Status: New  Renewal

Membership Class: Active Carer  Associate  Junior (<18years)  Other Specify   
.....

Details of Experience and/or Qualifications (e.g. any workshops or courses attended):.....  
.....  
.....

### Facilities

Cages (please indicate approx. dimensions of any cage facilities you own):.....  
.....

Aviaries (please indicate approx. dimensions of any aviary facilities you own):.....  
.....

Securely-fenced yard (please indicate approx. dimensions if applicable):.....  
.....

Other (please specify):.....  
.....

Are you able to do pick-ups? YES  NO

If you ticked yes, please specify times and days available  
.....  
.....

Would you like to receive the AACEs newsletter and other information via email? YES  NO

