



American Canary Fanciers Association
Membership Application for year: _____ - **PRINT CLEARLY**

Membership for one year \$25.00 and runs from Jan 1st to Dec 31st

New Member: ____ Renewal: ____ New Address: ____ New Phone: ____

NAME: (please print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (please list cell #) _____

Email: _____

EMAIL REQUIRED TO RECEIVE NEWSLETTERS

Please Check all Birds You Breed

- | | | |
|---|--|--|
| <input type="checkbox"/> Border | <input type="checkbox"/> Berner | <input type="checkbox"/> Belgium Fancy |
| <input type="checkbox"/> Gloster | <input type="checkbox"/> American Singer | <input type="checkbox"/> Scot Fancy |
| <input type="checkbox"/> Yorkshire | <input type="checkbox"/> Timbrado | <input type="checkbox"/> Lancashire |
| <input type="checkbox"/> Norwich | <input type="checkbox"/> Frill | <input type="checkbox"/> Fife |
| <input type="checkbox"/> Columbus Fancy | <input type="checkbox"/> Lizard | <input type="checkbox"/> Lipochrome |
| <input type="checkbox"/> Stafford | <input type="checkbox"/> Old Crested | <input type="checkbox"/> Melanin Classic |
| <input type="checkbox"/> Domestic Hartz | <input type="checkbox"/> Crest Bred | <input type="checkbox"/> Melanin New Color |
| <input type="checkbox"/> Waterslager | <input type="checkbox"/> Irish Fancy | |

Make check or money order payable to ACFA

Mail to: Ragi Abboud
5349 Overing Dr.
Woodland Hills, CA 91367
rabboud898@gmail.com

FULL RELEASE OF ALL CLAIMS

In consideration of my participation in the AMERICAN CANARY FANCIERS ASSOCIATION and any and all of its events, I the undersign, intending to be legally bound, for myself, my heirs, executors and administrators, do hereby fully and finally waive, release and hold harmless, the AMERICAN CANARY FANCIERS ASSOCIATION and their respective directors, officers, employees, members, agents and assignees, from any and all responsibility, claims, causes of action, injuries, judgments, or other damages of any nature whatsoever, including but not limited to, any personal injuries I might suffer, directly or indirectly, resulting from my participation in, or travel to and from the aforesaid activity. By signing below, I swear that I am 18 years old or older and will accept the by-laws and terms and conditions of membership hand have read the Articles of Incorporation. I acknowledge that I am engaging in the aforesaid activity, and knowingly executing this release, at my insurances, and request, and that I voluntarily do so without coercion whatsoever. Note: you may wish to print a copy of the by-laws for future reference. By signing you acknowledge that you have also read the ACFA Bylaws.

SIGNATURE: _____ DATE: _____