



The International Association of Avian Trainers and Educators is dedicated to those who serve avian science and conservation through public education, training, display, research and husbandry.

IAATE memberships are annual from January 1 through December 31. Initial dues are required with application and are paid each January thereafter. **Memberships are non-transferable.** Membership categories are as follows (please check one):

- **PROFESSIONAL** members shall be persons who have actively participated in the training, husbandry, and/or management of birds for a total of at least three (3) years accumulated over a period of no more than five (5) years preceding the date of application. ANNUAL DUES **\$50.**
- **ACTIVE** members shall be persons who have actively participated in training, husbandry, and/or management of birds for at least one (1) continuous year within a period of no more than three (3) years preceding the date of application. ANNUAL DUES **\$40.**
- **ASSOCIATE** members shall be persons who are interested in the objectives of the Association and wish to support them. ANNUAL DUES **\$40.**
- **STUDENT** members shall be persons who are interested in the objectives of the Association and wish to support them. Each student member shall be enrolled in an accredited academic institution on a full-time basis. ANNUAL DUES **\$25.**

ARE YOU A NEW MEMBER?

RENEWING MEMBER?

Directory Information (This information will be included in the On-Line IAATE Membership Directory)

Name _____
 Job Title _____
 Organization _____ Web address _____
 Organization address _____
 City: _____ State: _____ Zip: _____ Country: _____
 Work Phone: () _____ FAX: () _____ Email: _____

Mailing Address (if different than above)

Address: _____
 City: _____ State: _____ Zip: _____ Country: _____

*Our membership levels are based on experience. Please list previous work experience in the avian field.

EMPLOYER	JOB TITLE	YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of year's experience in the avian field: _____ *This section is required in order to process your application.

I will abide by IAATE's Code of Ethics and Bylaws and support its objectives (available upon request). I understand that any conduct in violation of these organizational guidelines will be cause for revocation of my membership.

Applicant's signature _____

Date _____

Mail application, annual dues and attachments to:

IAATE Secretary
15001 Margaux Drive
Clemont, FL 34714 USA
Ph: (678) 778-2373
Fax: (800) 786-6170

For office use only:

REC'D: _____
 Paymt: _____
 Amt: _____
 DB: _____
 Ans'd: _____

Credit Card Payments: Am Ex Visa MasterCard Card Number _____ Expiration ____/____

Name on Card: _____ Billing Address: _____