



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 have been active in the field of avian training, husbandry and/or management for a total of at least 3 years accumulated within 5 years of application for membership. ANNUAL DUES **\$50**.
- ACTIVE** members have been active in the field of avian training, husbandry and/or management for at least one continuous year within 3 years of application for membership. ANNUAL DUES **\$40**.
- ASSOCIATE** members are interested in the supporting objectives of IAATE. ANNUAL DUES **\$40**.
- STUDENT** members are full-time students interested in the objectives of IAATE. Proof of current student status is required with application. 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 (____) _____ *E-mail _____

*Important for easier access to IAATE web site.

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 _____

For office use only:
 REC'D _____
 Paymt: _____
 Amt _____
 DB _____
 Ans'd _____

Mail application, annual dues, and attachments to:
 IAATE Secretary
 350 St. Andrews Fairway
 Memphis, TN 38111 USA
 Ph. 901-685-9122
 Fax. 901-685-7233

Credit Card Payments Circle One: Visa or MasterCard Card Number _____ Expiration _____ / _____
 Name on Card _____