



The Society of Canary & Finch Breeders

Membership Application

Name(s) _____
Address _____
City _____
State _____
Zip _____
Phone (____) _____ - _____
Email _____

Type of birds that you raise:

Single—\$ 20.00

Double—\$30.00

Please mail application to:

The Society of Canary & Finch Breeders
53546 Beechwood
Shelby Twp, MI 48316

Please make checks payable to:
The Society of Canary & Finch Breeders