



CAPE FEAR POULTRY ASSOCIATION

MEMBERSHIP FORM

DATE _____

MEMBERSHIP STATUS: _____ ACTIVE/PARTICIPATING _____ SUPPORT CLUB

FIRST NAME _____ LAST NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ - _____ - _____ CELL: _____ - _____ - _____

E-MAIL: _____

DO YOU WISH TO RECEIVE EMAILS _____ YES _____ NO

** SIGNATURE: _____

****By signing you give CFPA permission to share your e-mail and or phone #'s with other members, show exhibitors, and to post club pictures on our Facebook page and Club website.**

SPONSORED BY: _____

SPOUSE OR SIGNIFIGANT OTHER (IF APPLICABLE) _____

CHILDREN UNDER THE AGE OF 18
NAME

DATE OF BIRTH

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

WHAT TYPE/BREEDS OF POULTRY DO YOU NOW OWN? _____

WHAT TYPE/BREEDS OF POULTRY DO YOU WANT IN THE FUTURE? _____

MEMBERSHIP DUES ARE: \$20.00 PER YEAR FOR FAMILY. \$12.00 FOR INDIVIDUALS.
JUNIOR (NOT IN A FAMILY MEMBERSHIP) DUES ARE \$8.00 PER YEAR UNTIL AGE OF 18.
ALL MEMBERSHIPS ARE RENEWABLE JANUARY 1ST EACH YEAR

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO CFPA
MAIL TO: CFPA c/o Donna Worthington, 118 Kincalf Lane, Macclesfield, NC 27852