

TEAR OR CLIP
MODEL AVICULTURE PROGRAM APPLICATION
Please Print Clearly

Application For:
(Please Check Appropriate Box)

Aviary or Business Name		E-Mail Address	
Last Name		First Name	
Complete Address, Street or P.O. Box			
Telephone Number		FAX Number	
Veterinarian's Name		E-Mail Address	
Your Veterinarian's Address			
City, State, and Zip Code			
Your Veterinarian's Phone #		FAX Number	

Where did you hear about MAP? Friend Web Site Other _____

A. New Certification (up to 15 aviaries/cages) **\$50.00**

B. New Certification (16 and over aviaries/cages) **\$100.00**

C. Renewal (up to 15 aviaries/cages) **\$25.00**

D. Renewal (16 and over aviaries/cages) **\$50.00**

E. Check Enclosed check # _____

OPTIONAL – Upon Certification, Please ...

F. Add my name to the zoo surplus mailing list

G. Add my name to the legislative mailing list

H. Add my name to MAP display ads in magazine.

I. Send sample record-keeping forms

J. Add my name to the mailing list for MAP member bird sales

K. Please have MAP provide a link to my home page on the Web . . .