Tennessee Bluebird Society Membership Application

	(circle one)	New Membership	Renewal	
Primary Men	nber			
First Name:		Last Name: _		
Additional H	ousehold Membe	r (optional, no additiona	l fee)	
First Name:		Last Name:		
Address:				
Street				
City		County	State	ZIP Code
Phone: Home	e:	Cell:		
Email:				
TBS Member Individ	rship Type: lual/Household, 1-yo	ear \$15	Club/Chapter A	ffiliation
Lifetim	ne	\$150	Shelby County Bluebird Club	
(\$30 va	alue, add to any of a	\$15 Bluebird Society members bove TBS memberships) urnal of the North America		
			TOTAL ENCLOSED): \$
	Send cor	npleted application and Shelby County Bluebir 367 S Shea Rd. Collierville, TN 380	d Club	
	Tennessee E	Bluebird Society is a 50	1(c)(3) organization	

Total Rec'd: _____ Check #: ____

TBS Use Only:
Date:_____