

Tennessee Bluebird Society Membership Application

Website: www.cbcsoftn.org Email: cbcsoftn@gmail.com

(circle one)

New Membership

Renewal

Primary Member

First Name: _____ Last Name: _____

Additional Household Member (optional, no additional fee)

First Name: _____ Last Name: _____

Address:

Street _____

City _____

County _____

State _____

ZIP Code _____

Phone: Home: _____ Cell: _____

Email: _____

I am interested in helping with: (check all that apply)

Newsletter ____ Membership ____ Education ____ Website Management ____

Data Collection ____ TBS Board ____ Nest Box Construction ____ Nest Box Monitoring ____

TBS Membership Type:

☐ Individual/Household, 1-year \$5

☐ Lifetime \$200

Add-on: \$15

☐ First-time North American Bluebird Society members
(\$30 value, add to any of above TBS memberships)

*Includes 4 issues of **The Journal of the North American Bluebird Society***

Club/Chapter Affiliation

Cumberland County Bluebird Club

TOTAL ENCLOSED: \$ _____

Send completed application and check payable to:

CCBC

34 Oak Leaf Circle
Crossville, TN 38558

Tennessee Bluebird Society is a 501(c)(3) organization

TBS Use Only:

Date: _____ Total Rec'd: _____ Check #: _____