

Atlanta Area Aquarium Association Membership Application

Date: _____ Type of Membership: Family Single Name _____ Age _____

Address _____ City _____
State _____ Zip Code _____ Phone _____
Email Address _____ Birth Date _____ Do

you want your phone number published? Yes No

If Family Membership, please list Spouse/Children
Name _____ Name _____ Name _____

How long have you been keeping tropical fish? _____ How
many tanks do you have set up? _____ What
kinds of fish do you have? _____

_____ Do you
belong to other local Aquarium Club or National Club? Please list:

Would you be willing to give a program, or do you have any special talents or
desires to help the club? Please list:

_____ Do

you OWN / OPERATE a Fish or Pet Shop? ? Yes No if so, where?

Membership Fees

Family (all under one roof) \$18.00 per year
Single (Adult or responsible Minor w/sponsor) . \$15.00 per year

Return with payment to: Atlanta Area Aquarium Association
C/O Mark Powell
P.O. Box 20951
Atlanta, GA 30320
770-982-5509
Make checks payable to:
Atlanta Area Aquarium Association



- Membership includes:** 12 issues of Fish Talk, our monthly newsletter Participation in all club activities and events including:
- Spring Workshop (additional registration fee required)
 - Summer Picnic
 - Fall Auction
 - Christmas Party