BAA AVIARY/STRAIN REGISTRATION FORM				
Complete the following form to register your Aviary or Strain. This form is fillable and can be sent to the Registrar by clicking on the EMAIL button. The actual registration certificate will be mailed to you once the appropriate fees are received by the Registrar. Please mail the fees by check or money order to: BAA REGISTRATION DIVISION c/o Kenneth Saxion, 6321 Hwy 19 W., Ripley, TN 38063-5009. Rules: 1) Applicant must be an active BAA member. 2) Application submitted to the Registrar on this form accompanied by the required fee. 3) Select a name or title for our aviary or strain to be registered and if the first choice name is not already on record for another BAA member, it will be accepted and be for your exclusive use as long as you are an active BAA member, otherwise the registrar will move to your second or third choice 4) Fee: Registration of Aviary or Strain - \$20.00 PLEASE READ THE ENTIRE BAA REGISTRATION DIVISION RULES & REGULATIONS				
Breeder Name: (As you want it displayed on the Certificate)				Band Code
Complete USPS mailing ac	ddress including Zip Code		Telephone Number	
Email Address		Website if desired		
Aviary or Strain Name	First Choice			
Aviary or Strain Name	Second Choice			
Aviary or Strain Name	Third Choice			