



**PARROT HEADS OF THE SAVANNAH RIVER  
MEMBERSHIP APPLICATION FORM - \$20 SINGLE/ \$30 FAMILY**

**NAME:** \_\_\_\_\_ **\*BIRTHDAY:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **\*BIRTHDAY:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**\*Year is optional. Please give month and day, as we will be having birthday celebrations.**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**OTHER PHONE NUMBERS WHERE YOU WOULD LIKE TO BE REACHED (OPTIONAL)**

**CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

I/We agree to abide by the by-laws and guidelines of the Parrot Heads Of The Savannah River, and will remain a member in good standing, respecting all guidelines and by-laws of the PHIP. Parrot Heads Of The Savannah River are not liable for injuries or accidents incurred by members of the Parrot Heads Of The Savannah River or of the PHIP. This contribution is not tax deductible as a charitable contribution for federal income tax purposes.

Fill out the top portion and mail with dues to:

**Connie Johnson  
4009 Goshen Lake Dr. South  
Augusta Ga. 30906**

**Make checks payable to: PARROT HEADS OF THE SAVANNAH RIVER**

Our website is at <http://www.csrparrotheads.com>

Follow Us On Facebook at CSRAPARROTHEADS

\_\_\_\_\_