



MEMBERSHIP APPLICATION

Name: _____
Address: _____
City: _____ State/Province: _____ Zip Code: _____
Country: _____
Telephone: _____ Fax: _____
Email: _____

AFC requires members to either be a practicing falconer or one who had previously practiced falconry.

I am a practicing falconer

I was a practicing falconer

Send me AFC e-mail updates: Yes No

Please provide two references from the falconry community.

Name	Contact Information

Applicant agrees to abide by the Constitution and Bylaws of the American Falconry Conservancy to which this membership application is directed.

I hereby certify that the information is true and correct and authorize AFC to make any necessary inquiries deemed necessary to evaluate this application.

Signature

Date

Annual dues are \$30.00. Please make checks payable to "American Falconry Conservancy". No refunds.

Mail complete application and dues to:

American Falconry Conservancy
P.O Box 530597
Henderson, NV 89053

Telephone: 702-487-8282

www.falconryconservancy.org

Email: treasurer@falconryconservancy.org