



## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 230338  
Las Vegas, NV 89105-0338

[www.falconryconservancy.org](http://www.falconryconservancy.org)

Email: [treasurer@falconryconservancy.org](mailto:treasurer@falconryconservancy.org)