AMERICAN ★ FALCONRY
CONSERVANCY

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 email updates Yes ☐ No ☐

Show on members list 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
2510 E Sunset Rd
Ste 5 #A721
Las Vegas, NV 89120

www.falconryconservancy.org

Email: treasurer@falconryconservancy.org