ARIZONA FALCONERS ASSOCIATION

Membership Application

Name:_____Email:_____

Address:_____

City:_____State_____Zip:_____

Home Phone:_____ Cell Phone:_____

Check one or more for each item below:

☐ New Membership ☐ Renewal Membership

☐ Apprentice ☐ General ☐ Master ☐ Non Falconer

Falconry Licenses: ☐ AZGFD ☐ Other State_____ ☐None

I am also a licensed: ☐raptor breeder ☐wildlife rehabilitator

Raptors currently possessed

Species	Age	Passage	Eyass	Captive Bred
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

AFA Mission Statement:

The purpose of the Arizona Falconers Association is to provide communication and interaction among interested members; to promote the ethical and legal pursuit of falconry as a recognized field sport; to promote the use of sound biological principles and information in the management of raptor populations and falconry; and to encourage programs of public education, scientific study and habitat conservation which advance the welfare of falconry and birds of prey.

As a member of the Arizona Falconers Association I hereby pledge to support its mission and to abide by wildlife laws of the State of Arizona.

_____ _____

Signature Date

Annual Dues are $25. Membership year is January 1 through December 31. Make check payable to Arizona Falconers Association and mail to Charlie Kaiser, AFA President 5990 N. Sundown Ln, Kingman, AZ, 86409