



ARIZONA FALCONERS ASSOCIATION MEMBERSHIP FORM

Name _____

Address _____

City _____ County _____

State _____ Zip _____

Home phone _____

Cell phone _____

Email address _____

Current AZ Licensed Falconer: Y_____ N_____ Other state (which one) _____

Level (Circle one) Apprentice General Master

Birds currently possessed: _____

Are you a NAFA member? (for our NAFA affiliate status) Y_____ N_____

AFA Dues (number of memberships) _____ x\$25 = _____ total

AFA donation _____

Total _____

Payment type: Cash _____ Check _____ Check number _____

Are you interested in assisting with club functions (meets, picnics, social events, etc.) Yes _____ No _____

Are you willing to be an education event volunteer? _____

Are you willing to sponsor an apprentice? _____

Can we give out your contact info? Freely _____ Obtain prior consent _____ No _____