**NEW MEMBER RENEW MEMBER**

*PLEASE PRINT:*

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: *(circle)*  Male Female Suffix (Sr, Jr, II, III): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Spouse’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size (Adult Sizes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Address:  Check box if same as Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Profession: *(circle)* Farrier Veterinarian Supplier Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check this box if you do NOT want your name on the “Search for Farriers” section of the website.

Certifications from Other Associations *(Please check all Certification levels which you have received. We want to recognize you for your previous achievements.):*

* AFA Certified Farrier (CF)
* AFA Certified Tradesman Farrier (CTF)
* AFA Certified Journeyman Farrier (CJF)
* AFA CJF Therapeutic Endorsement (CJF TE)
* AFA CJF Educators Endorsement (CJF EE)
* AFA CJF Forging Endorsement (CJF FE)
* BWFA Apprentice II
* BWFA Journeyman I (CJF I)
* BWFA Journeyman II (CJF II)
* BWFA Master Farrier (MF)
* BWFA Master Educator (ME)
* FITS Certified Farrier (CF)
* FITS Advanced Skills Farrier (ASF)
* Guild Registered Farrier (RF)
* Guild Registered Journeyman Farrier (RJF)
* Diploma of the Worshipful Company of Farriers (DWCF)
* Master Farrier of the Worshipful Company of Farriers (Master Farrier)
* Associate of the Worshipful Company of Farriers (AWCF)
* Fellow of the Worshipful Company of Farriers (FWCF)
* Fellow of the Worshipful Company of Farriers with Honors (FWCF Hons)
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Started as a Farrier or Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Farrier or Veterinarian, I am currently:  Full Time  Part Time  Student  Retired

*- OVER PLEASE -*

Referred to AAPF/IAPF by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farrier/Vet School Graduate of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Current Student, Date of Graduation: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Disciplines / Specialties (*Please select all that apply. This information will be used for the "Search for Farriers" section of our website.):*

* Carriage Driving
* Corrective/Therapeutic
* Donkeys & Mules
* Dressage
* Endurance
* Eventing
* Farm (Brood Mare, Foals, Young Stock)
* Foxhunting
* General/Pleasure
* Hunter/Jumper
* Mounted Police Horse / Military Horse
* Paso Fino
* Polo
* Ponies
* Racing – Arabian
* Racing – Quarter Horse
* Racing – Standardbred
* Racing – Thoroughbred
* Show Horse – American Saddlebred
* Show Horse – Arabian
* Show Horse – Friesian
* Show Horse – Hackney
* Show Horse – Missouri Foxtrotter
* Show Horse – Morgan
* Show Horse – Spanish Sporthorse
* Show Horse – Walking Horse
* Steeplechase
* Western
* Work/Draft
* Trimming ONLY
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Levels of Membership** *(check level you are applying for):*

\_\_\_\_\_ Regular Member (Farrier or Veterinarian) – Annual - $200 per year

\_\_\_\_\_ Regular Life Member – One Time Payment - $2,000

\_\_\_\_\_ Household Member – Two Family Members with Same Address - $300 per year

\_\_\_\_\_ Student Member (Farrier or Veterinarian) – $150

\_\_\_\_\_ Associate Member (Other Interested Individual) – Annual - $200 per year

\_\_\_\_\_ Associate Life Member – One Time Payment - $2,000

**\_\_\_\_\_ Please also enroll me for the AAPF/IAPF Farrier Foundation Credential – $100**

Amount of Check (please attach): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_

Amount to charge on Credit Card: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: (MM/YYYY): \_\_\_\_ / \_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code (3 or 4 digits): \_\_\_\_\_\_\_\_\_\_

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

Billing City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Prov: \_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check this box if you wish for us to retain this credit card info to use for future renewals or purchases.