

AMERICAN ASSOCIATION OF PROFESSIONAL FARRIERS INC.
INTERNATIONAL ASSOCIATION OF PROFESSIONAL FARRIERS INC.

PO Box 223661, West Palm Beach, FL 33422 Phone: (859) 533-1465 Fax: (888) 972-1806

www.ProfessionalFarriers.com www.ProfessionalFarriers.ca E-mail: AAPF@ProfessionalFarriers.com

PLEASE PRINT:

NEW MEMBER **RENEW MEMBER**

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.*):

- | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AFA Certified Farrier (CF) | <input type="checkbox"/> Guild Registered Farrier (RF) |
| <input type="checkbox"/> AFA Certified Tradesman Farrier (CTF) | <input type="checkbox"/> Guild Registered Journeyman Farrier (RJF) |
| <input type="checkbox"/> AFA Certified Journeyman Farrier (CJF) | <input type="checkbox"/> Diploma of the Worshipful Company of Farriers (DWCF) |
| <input type="checkbox"/> AFA CJF Therapeutic Endorsement (CJF TE) | <input type="checkbox"/> Master Farrier of the Worshipful Company of Farriers (Master Farrier) |
| <input type="checkbox"/> AFA CJF Educators Endorsement (CJF EE) | <input type="checkbox"/> Associate of the Worshipful Company of Farriers (AWCF) |
| <input type="checkbox"/> AFA CJF Forging Endorsement (CJF FE) | <input type="checkbox"/> Fellow of the Worshipful Company of Farriers (FWCF) |
| <input type="checkbox"/> BWFA Apprentice II | <input type="checkbox"/> Fellow of the Worshipful Company of Farriers with Honors (FWCF Hons) |
| <input type="checkbox"/> BWFA Journeyman I (CJF I) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> BWFA Journeyman II (CJF II) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> BWFA Master Farrier (MF) | |
| <input type="checkbox"/> BWFA Master Educator (ME) | |
| <input type="checkbox"/> FITS Certified Farrier (CF) | |
| <input type="checkbox"/> FITS Advanced Skills Farrier (ASF) | |

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.):

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Carriage Driving | <input type="checkbox"/> Show Horse – Friesian |
| <input type="checkbox"/> Corrective/Therapeutic | <input type="checkbox"/> Show Horse – Hackney |
| <input type="checkbox"/> Donkeys & Mules | <input type="checkbox"/> Show Horse – Missouri Foxtrotter |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Show Horse – Morgan |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Show Horse – Spanish Sporthorse |
| <input type="checkbox"/> Eventing | <input type="checkbox"/> Show Horse – Walking Horse |
| <input type="checkbox"/> Farm (Brood Mare, Foals, Young Stock) | <input type="checkbox"/> Steeplechase |
| <input type="checkbox"/> Foxhunting | <input type="checkbox"/> Western – Barrel Racing |
| <input type="checkbox"/> General/Pleasure | <input type="checkbox"/> Western – Cutting |
| <input type="checkbox"/> Hunter/Jumper | <input type="checkbox"/> Western – Pleasure |
| <input type="checkbox"/> Mounted Police Horse / Military Horse | <input type="checkbox"/> Western – Pole Bending |
| <input type="checkbox"/> Paso Fino | <input type="checkbox"/> Western – Reining |
| <input type="checkbox"/> Polo | <input type="checkbox"/> Western – Roping |
| <input type="checkbox"/> Ponies | <input type="checkbox"/> Western – Trail Riding |
| <input type="checkbox"/> Racing – Arabian | <input type="checkbox"/> Western – ALL |
| <input type="checkbox"/> Racing – Quarter Horse | <input type="checkbox"/> Western – Other |
| <input type="checkbox"/> Racing – Standardbred | <input type="checkbox"/> Work/Draft |
| <input type="checkbox"/> Racing – Thoroughbred | <input type="checkbox"/> Trimming ONLY |
| <input type="checkbox"/> Show Horse – American Quarter Horse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Show Horse – American Saddlebred | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Show Horse – Arabian | |

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.