

**Associate Membership Application**

**Name of Associate Member Applicant:**

Please note which one of the requirements you meet to qualify as an Associate Member (circle, bold, or delete the one that doesn’t apply):

1. Falconer from another state
2. Former or retired falconer

[Please make sure to attach proof of at least one requirement from above]

Address:   
  
City: State: Zip:   
  
Phone:   
  
Email:

**Associate Membership** ($15) [check included or [pay online via PayPal](http://oregonfalconers.com/index.php/about/membership)]

**Make Checks payable to:** Oregon Falconers Association

Jenny Roehm

17305 Brookhurst Drive.

Lake Oswego, OR 97034

**If paying online,** **please email completed form to**: oregonfalconers@gmail.com

*Note that all membership applications are reviewed by the Oregon Falconers Association Board of Directors. You will be notified by the Secretary/Treasurer when your application has been reviewed.*