



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](#)]

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.