



Membership Application

Name(s) and Falconry class (circle, bold, or delete others):

1. _____ Apprentice General Master
2. _____ Apprentice General Master

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Email #2 for family: _____

Membership type [check included or [pay online via PayPal](#)]:

Regular Membership (\$15)

Family Membership (\$20)

Paying for Membership year(s) [circle, bold, or delete others]:

2017 2018 2019 2020

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.