



Application / Renewal of Membership

Name: _____ Age: _____

Address: _____

Telephone number: home (____) _____ work (____) _____

Email Address: _____

Do you reside in Wyoming? Yes ___ No ___

Do you have a valid Wyoming falconry permit? Yes ___ No ___

Check if appropriate: apprentice (___) general (___) master (___) eagle (___)

If you hold a valid WY permit, are you willing to sponsor an apprentice? Yes ___ No ___

Are you looking for a sponsor? Yes ___ No ___

Are you a North American Falconers' Association member? Yes ___ No ___

Dues Per Calendar Year

Regular Membership (holders of valid falconry permits) \$15.00 (___)

Associate Membership \$15.00 (___)

Life Membership \$300.00 (___)

Make checks payable to:
Wyoming Falconers' Association

Send to: Wyoming Falconers' Association
c/o Kristi Brown
1840 South Spruce
Casper, WY 82601

By affixing my signature I hereby agree to abide by Constitution and By-laws of the Wyoming Falconers' Association.

(Copies may be obtained from treasurer.)

Signature: _____ Date: _____