



MEMBERSHIP APPLICATION/RENEWAL

Name(s):

Falconry Class:  
(if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Master   General   Apprentice  
Master   General   Apprentice  
Master   General   Apprentice

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type Requested:

For Years:

<input type="checkbox"/> Regular	\$10/year	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009
<input type="checkbox"/> Associate	\$10/year	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009
<input type="checkbox"/> Friend of OFA	\$10/year	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009
<input type="checkbox"/> Family	\$15/year	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009

Membership dues: \$ \_\_\_\_\_

Today's date: \_\_\_\_\_

Peregrine Fund Donation\*: \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Please make checks payable to:**

**Oregon Falconer's Association**

Return this application with applicable fees to:

Ms. Callan Loessberg  
OFA Secretary/Treasurer  
PO BOX 3155  
Eugene, OR 97403

\*Donations fund OFA actions and expenses to support successful Peregrine Delisting & Management legislation in partnership with state and federal agencies.