

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:					
	When publishing publish your:	email address? mailing address? phone number?	O Yes O O Yes O O Yes O	No No	falconers	, should we
Memb	pership type (circle,	bold, or delete the	other):			
	Regular Membership (\$15)		F	Family Membership (\$20)		
Paying for Membership year(s) [circle, bold, or delete others]: 2016 2017 2018 2019						
Make	Checks payable to	o: Oregon Falcone Owens Hill 43205 Carol Dr. Nehalem, Orego		ation		

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