



WEST AUSTRALIAN FARRIERS' ASSOCIATION INC.

Affiliated with "Australian Farriers' & Blacksmiths' Association"

MEMBERSHIP FORM

Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

Indicate Category of Membership with tick in appropriate box:

| | | |
|------------|----------|--------------------------|
| Full | \$150.00 | <input type="checkbox"/> |
| Associate | \$ 85.00 | <input type="checkbox"/> |
| Apprentice | \$ 80.00 | <input type="checkbox"/> |

I am a government accredited farrier: Yes/No

I am an unaccredited farrier: Yes/No

I am a blacksmith: Yes/No

I do not want my name included on the Website (tick if name not to be included)

I was introduced to the Association by: _____
(Include name of person who invited you to join association, if you are a new member)

Date: _____ Signature: _____

Please complete and return with the required fee to:
The Secretary, W.A.F.A., 20 Acheron Rd, San Remo WA 6210.

Make cheques payable to W.A.F.A. Inc.

Membership Category Definitions:

Full Member: Persons principally engaged in farriery and/or blacksmithing.

Associate: Persons or firms interested in or associated with any part of the horse and farriery/blacksmithing industries.

Apprentice: An apprentice/trainee