

Georgia Professional Farriers Association

Membership application

Dues are \$50 (\$40 to general fund and \$10 to Bill Crowder Memorial Fund – Injured Farriers Fund)

New _____ Renewal _____

Please **print** below the information as you would have it appear in the directory:

Name _____ Accreditation(CF,CTF,CJF) _____

Street address _____

City _____ State _____ Zip _____

Phone _____

Email address _____

Signature _____ Date _____

For questions please call or email any of the officers or go to www.georgiafarriers.org

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