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OFA Membership 2019

Date			
Business Name			
Last Name (please print)	First		
Address	City		
StateZip			
Business Telephone	Home Telephone	Cell	
E-mail			
Working Farrier Non Farrier Student	Retired Farrier	Veterinarian	Supplier
Credentials and/or Other Memberships			
WHAT WOLLD VOLUDE DITTEGT			
WHAT WOULD YOU BE INTREST: CompetitionsLectures			avs
Years Practicing Interested in			 , :
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Student Membership \$25	PO Box 1312		
Donation to OFA injured farrier fund S	\$ <u>.</u> .	Molalla, OR 97038	
Make checks payable to Oregon Farrie			.,
Questions? Contact Tobias Ellis Presid	dent 541-771-6245 E-	maıl: tellistarrier@g	mail.com