



OFA Membership Application

Date: _____

Business Name: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Business Telephone: _____ Home Telephone: _____

Email: _____

Working Farrier: _____ Non Farrier: _____ Retired Farrier: _____

Veterinary: _____ Supplier: _____ Student: _____

Credentials and/or other

Memberships: _____

What would you be interested in attending?

Competitions _____ Lectures _____ Forging Demos _____

Camaraderie Days _____ Years Practicing _____

Would you be interested in becoming a board member? _____

Regular Membership \$75.00

Student Membership \$35.00

Donations to OFA Injured Farrier Fund \$ _____

Make checks payable to Oregon Farriers Association

Mail to: Oregon Farriers Association

PO Box 1312

Molalla, OR 97038

Questions? Contact Jason Smith, President 209-605-6099 Email: jwsfarrier@yahoo.com

