



The Brotherhood of Working Farriers Association

New Membership - Membership Renewal - Order Form



Please Print:

Name _____ Phone _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____ www. _____

Membership: *Please Select One*

Revised 1/08

I would like to: _____ Join the BWFA _____ Renew my Membership

	Annual Membership	Lifetime Membership	Totals
_____ Farrier Member	_____ \$85	_____ \$450	_____
_____ Certified Farrier Member	_____ \$85	_____ \$450	_____
_____ Veterinarian or Company Member	_____ \$250	_____ \$1000	_____
_____ Horse Owner Member	_____ \$35	_____ \$550	_____
_____ Foreign Member (Outside U.S.)	_____ \$150	_____ \$550	_____
_____ Lifetime Gold Card <u>when BWFA members</u> turn age 65 with last dues payment of \$85.00			_____

Please Select All That Apply

- _____ I would like information about Aflac Personal Accident Insurance policies
(I understand I will receive a discount as a BWFA Member)
- _____ I would like to contribute to the Injured Farriers Fund with my tax deductible donation of \$95 per year _____
- _____ I would like to contribute to the NEHRE with my tax deductible donation of (any amount) _____
- _____ I would like to contribute to the FNRC with my tax deductible donation of (any amount) _____

Merchandise Orders: *Please Select All That Apply (All prices include S/H)*

- BWFA Study Guide @ \$28.00
_____ Apprentice I, II & Journeyman I # _____ Journeyman II # _____ Master Farrier _____
- BWFA Emblem Belt Buckle:
_____ Brass @ \$38.50 or # _____ Gold/Silver @ \$55.00 _____
- 10" BWFA Stick-On Decals: # _____ @ \$5.50 _____
- “Say No to Farrier Licensing” Bumper Sticker # _____ @ \$6.50 _____
- 3” BWFA Logo Cloth Patch # _____ @ \$6.50 10" Patch _____ @ \$40.00 _____
- BWFA Hat # _____ @ \$20.00 _____
- BWFA Sweatshirt @ \$29.50 # _____ XL # _____ L _____

You May Also Order These Products or Pay Your Dues Online
www.bwfa.net

- _____ My old card is enclosed.
- _____ My address and phone number have changed (*Complete and update the above contact information*)
- _____ My check is enclosed or _____ place my payment on my Credit Card (Circle One): VISA MC AmEx Disc
- Number: _____ Expiration Date: _____ Security Code _____
- _____ BWFA Member _____ Non-Member

Return To: BWFA Headquarters * 14013 East Hwy 136, LaFayette, GA 30728

Grand Total: _____