Texas Hawking Association
Membership Application

Membership Application / Renewal - January 1 thru December 31
(Applications received after September 1st will apply to following year)

Section 1

Application Type: ☐ New ☐ Renewal *(Please check One)* **Member Since:** _____

Membership Type: ☐ Regular ☐ Associate *(Please check One)*

Last Name:	**First Name:**		
Street Address:	**City:**	**State:**	**Zip:**
Home Phone: ( ) - / **Work Phone:** ( ) -	**Email Address:**		
Please do not publish the following Information in the Members Directory: Name: ☐ Address: ☐ Email: ☐ Telephone Num/s: ☐	**Web Site Address:**		

Section 2

(Please check One)

Are you a Member of NAFA: ☐ Yes ☐ No

Are you a Licensed Falconer: ☐ Yes ☐ No *(If **Yes**, Please Complete Section 3.)*

Section 3

License Type:

Apprentice: ☐ FA#: _____ State Licensed: _____

General: ☐ FG#: _____

Master: ☐ FM#: _____

Rehab: ☐ #: _____

Breeder: ☐ #: _____

Section 4

Amount of Donation: _____

($25.00 Minimum for Membership)

Section 5

Signature: _____ **Check#:** _____

Date: _____

Mail to: Texas Hawking Association
c/o Brandi Quick
720 Meadowdale Dr.
Saginaw, TX 76179
*(Make checks payable to the: **Texas Hawking Association**)*

Treasurer Only Below

Date Received: _____ Check #: _____

Date Deposited: _____ Initials: _____