



OFA Ontario Farriers Association

## Membership Sign-up Form

Name: (Please print clearly)	Date:
Address:	
Tel No.	Cell No.
E-mail:	
Number of Years Experience:	
Are you a member of other Farrier Affiliations?	
OFA Dues Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have your Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes', which level?

<b>OFA 2015 PROGRAMS:</b>	
Are you interested in attending OFA clinics to help you with skills and business? ( )Yes ( )No	
Are you interested in attending competitions to hone forging and under-horse skills? ( ) Yes ( ) No	
Are you interested in participating on the Canadian National Team? ( ) Yes ( ) No	
Are you interested in assisting the Canadian National Team? ( ) Yes ( ) No	
Are you interested in OFA's <i>General Business</i> updates? (new area designed to inform of equine population trends, farrier pricing ranges, etc.) ( )Yes ( )No	