High Plains Farrier Association 2022 Membership Application

Name:			
Address:			
City, State, Zip:			
Phone:			
Email:			
AFA# (NOT REQUIRED):[
Type of Membership:	Member - \$75.00 □ New Member/Associate I		mber - \$40.00 □
gives you the benefit of pa Website as a member, and previous list but also inclu	of North and South Dakota p	nmer-ins, having y n the club. The ful ompetitions, and h	our name listed on the I Membership includes the aving your name and service
Reason for Joinging 11F17	1.		
What would you like to se	ee the HPFA do throughout th	ne year (clinics, co	ntests, certifications)?
How did you hear about the	1e HPFA?		
Signature:		Date:	
Association, its members and o parties from any liability from a also acknowledge that I unders	tand that Under South Dakot of a participant in equine a	ers, equine owners, a ities sponsored by the a law, an equine	
Please make checks out to	e: High Plains Farrier Assoc	<u>riation</u>	
Mail Checks and Member	ship Applications to the Trea	surer:	Amanda Marohl 25557 475 th Ave. Renner, SD 57055