



South Carolina Farrier's Association

Membership Application

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____
E-mail Address: _____
Website: _____
Membership: _____ AFA # _____
 _____ BWFA
Certification Level: _____

Shoeing Areas (ex: pleasure horses):

Annual Dues.....\$ 30.00 per year, tax deductible

Please Make Checks Payable to: SCFA
Mail Completed Application and Check to:
SC Farrier's Association
PO Box 116
Monetta, SC 29105