

# Upper Midwest Horseshoer's Association, Inc. (UMHA)

(An Affiliate of the American Farrier's Association)

Mail Completed form to:

Bill Mayfield  
N9597 Tamarack Rd.  
Eagle, WI 53119-1917

## Membership Application

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Address Change? Y N

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you a member of the American Farrier's Association? Y N

Are you certified with the American Farrier's Association? Y N

Are you interested in becoming a member of the American Farrier's Association? Y N

Are you interested in certifying with the American Farrier's Association? Y N

Are you a member of any other Farrier/Blacksmith Association? Y N

Name of Association \_\_\_\_\_

How did you learn to shoe? School Attended \_\_\_\_\_

Apprenticed with \_\_\_\_\_ Self Taught? Y N

I understand that UMHA Inc. is an educational, fraternal, and nonprofit organization. I agree with its aims and would like to join the organization. I agree to abide by all the rules and policies of the organization and will hold the association, officers and members harmless for any accident or injury to myself, my property, or that of others.

Signed \_\_\_\_\_

Enclosed are my dues for \_\_\_\_\_ (\$35.00) \$ \_\_\_\_\_

(Dues are applied from Jan 1 to Dec 31st per payment year)

INJURED FARRIER'S FUND (optional donation) \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_