COLORADO HAWKING CLUB

DEDICATED TO THE PRESERVATION OF AN ANCIENT ART IN A MODERN WORLD

MEMBERSHIP APPLICATION

NAME: _____OCCUPATION: _____
ADDRESS: _____ COUNTY: _____
CITY: _____ STATE: _____ZIP: _____
PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____
E-MAIL ADDRESS: _____BIRTH DATE: _____
☐MASTER ☐GENERAL ☐APPRENTICE: SPONSOR'S NAME:
_____
SPECIES OF BIRD(S): _____ STATE PERMIT #: _____
NOTE: MEMBERSHIP DUES ARE FROM JANUARY 1ST TO DECEMBER 31ST

_____ $30 REGULAR MEMBER: A LICENSED FALCONER AND RESIDENT OF COLORADO
_____ $30 ASSOCIATE MEMBER: NON RESIDENT LICENSED FALCONER/ OR INTERESTED PARTY (NON VOTING)
_____ $35 FAMILY MEMBERSHIP: A REGULAR MEMBER PLUS HIS/HER IMMEDIATE FAMILY. PLEASE PROVIDE THE ABOVE INFORMATION FOR EACH LICENSEE (ONE VOTE PER LICENSED FALCONER AT THE SAME ADDRESS)
_____ $30 AFFILIATE MEMBERSHIP: A REPUTABLE ORGANIZATION HAVING LIKE PURPOSES AND OBJECTIVES TO SUPPORT THE COLORADO HAWKING CLUB (NON VOTING)

MAKE CHECKS PAYABLE AND SEND TO:
(DO NOT SEND CASH)

COLORADO HAWKING CLUB
C/O SYLVIA REDLING
7555 NILE WAY
ARVADA, CO 80007

WOULD BE WILLING TO HELP WITH:

☐TELEPHONE CALLING
☐ BANQUET
☐ NEWSLETTER
☐EYASS PICNIC
☐ APPRENTICE SEMINARS
☐ BEING A SPONSOR
☐ SERVING ON BOARD OF DIRECTORS
☐ FIELD MEETS
☐ OTHER _____

THE PURPOSE OF THE COLORADO HAWKING CLUB

A. INCREASE KNOWLEDGE CONCERNING RAPTORS
B. PROMOTE WISE CONSERVATION OF RAPTORS
C. WORK TO ASSURE THAT THOSE PARTICIPATING IN FALCONRY CONDUCT THEMSELVES IN ACCORDANCE WITH TRADITIONALLY HIGH ETHICAL STANDARDS OF THE ART
D. EXTEND TO CPW COOPERATION, ASSISTANCE AND RECOMMENDATIONS FOR EFFECTIVE ESTABLISHMENT OF PROGRAMS AFFECTING RAPTORS AND FALCONRY
E. TO ENCOURAGE AND ASSIST IN CAPTIVE BREEDING OF RAPTORS FOR USE IN FALCONRY
F. TO PRIVIDE COMMUNICATION AMONG AND DISSEMINATE INFORMATION TO INTERESTED PERSONS, CLUB MEMBERS AND LICENSED FALCONERS

ARE YOU A MEMBER OF:
☐THE NORTH AMERICAN FALCONER'S ASSOCIATION
☐ THE AMERICAN FALCONRY CONSERVATORY

☐ I WOULD LIKE TO HELP REDUCE PRINTING COSES BY RECEIVING THE CHC NEWSLETTER, 'THE STOOP" ELECTRONICALLY

APPLICANT'S SIGNATURE _____ DATE _____