

**Guild of Professional Farriers
Membership Application**

Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____
Phone #: _____
Email: _____

**Reciprocity Program
Membership**

Registered Journeyman Farrier

Please enclose evidence of at least four (4) years working experience as a farrier, a dues check for \$100.00, and a good photocopy of any of the following certificates:

AFA: Certified Journeyman Farrier
WCF: DWCF, AWCF, or FWCF.

Request for Information

If you do not meet any one of the certification requirements listed above, please fill out and return this application, **but do not send in any dues check.**

The **Guild** will send you information on how to test for our minimum membership standard (RJF).

Send application to:

**The Guild of Professional Farriers
2020 Pennsylvania Ave. NW #800
Washington, DC 20006**

**Not enough Guild farriers
to go around...**

Due to our exposure in equestrian publications and on the Internet, the Guild is receiving an ever-increasing number of requests from horseowners and equine organizations looking for qualified farriers. Our problem is that these requests often come from areas where we don't have many member farriers, or where all the Guild farriers are too busy to accept new clients.

If you are qualified to do so, please consider joining the Guild to help us meet the demands of the horseowning public. If you know other farriers who have open slots for new clients, please encourage them to join, or work towards meeting the requirements for membership.



<http://www.horseshoes.com/theguild/>

**“Professionals
for the
Profession”**