



The South East Falconry Group



Membership Application Form

Name [.....]

Address [.....]
[.....]
[.....]
[.....]

Post Code [.....]

Home Telephone
Number [.....]

Mobil Telephone
Number [.....]

Email
Address [.....]

Are you a registered keeper of a Diurnal Bird of Prey [YES / NO]

If YES:

Please record your DEFRA ID number here [.....]

(This will help us ensure that you benefit from the Recognised Club Scheme operated by the DEFRA. See Club Inspection Scheme question below)

How would you classify yourself on the following scale (Please tick one of the following) -

Austringer : Falconer : Breeder : or Follower:



The South East Falconry Group



Falconers / Austringers:

Please indicate what level of proficiency you consider yourself to have achieved by TICKing the most appropriate category.

Experienced []
5 or more birds trained and hunted or more than 10 years experience

Intermediate []
2 or more birds trained and hunted or 5 or more years experience

Novice []
1 bird trained and hunted or less than 5 years experience

Beginner []
I have a bird(s) but have not reached hunting level

Experienced / Intermediate falconers please tick here if you would be prepared to act as a mentor to other less experienced SEFG members []

The SEFG operates a Club Inspection Scheme in accordance with the DEFRA guidelines. This entitles our members to reduced bird registration fees.

ONLY tick this box if you ***DO NOT*** wish to participate in this scheme. []

Falconers / Austringers

Please indicate which birds you keep and/or have trained

[.....]
[.....]
[.....]



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Breeders

Please indicate how many years you have been breeding
birds of prey []

What species do you currently breed [.....
.....
.....]

IMPORTANT Additional information

If you are not a Registered keeper are you aware of the
legislation regarding the keeping of birds of prey ?
Please circle [Yes / No]

Are you subject to any restrictions or legislation resulting from a
prosecution under the 1981 Wildlife and Countryside Act?
Please circle [Yes / No]

If you do not currently keep a hawk or falcon, do you intend to
obtain one in the next 8 months?
Please circle [Yes / No]

If yes, please indicate which type [.....]

If NO, please indicate why you wish to join the SEFG so that
your application can receive proper consideration.
[.....
.....
.....]



The South East Falconry
Group



Please give the names of two current members of the SEFG who will act as referees for your application.

1. [.....]
2. [.....]

(Referees are not essential but will assist us in processing your application as quickly as possible.)

Declaration

I (PRINT NAME) [.....]

Hereby confirm that the above facts to be true and accept to be bound by the Rules, Code of Conduct and Field Meeting Procedures of the South East Falconry Group as a condition of my membership.

Signed [.....]

Dated [.....]

Please return your completed application form to the South East Falconry Group, at the address given at the front of this booklet.

Alternatively, please hand your completed application form to a member of the SEFG committee.

Please ensure you retain the SEFG Information booklet for future reference.

<i>Date Application received:</i>
<i>Subscription received with application</i>	<i>YES / NO</i>
<i>Date APPROVED</i>