

**L.L.H.A.**

**Land of Lincoln Horseshoers Association  
Membership Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (C): \_\_\_\_\_ (F): \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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**Please Circle One:**

Do you wish to be contacted by L.L.H.A. members:                      Yes                      No

Would you prefer to be contacted L.L.H.A. members who are:                      Male                      Female

Do you wish to be contacted by prospective members:                      Yes                      No

Number you wish to be reached at: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

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Profession (if other than farrier): \_\_\_\_\_

Do you specialize in a specific type of shoeing \_\_\_\_\_

If no, what types of horses do you normally see \_\_\_\_\_

What is your travel range \_\_\_\_\_

Are you available for horseshows:                      Yes      No      Are you available for emergencies:                      Yes      No

Are you willing to take on an apprentices:                      Yes      No      Are you currently a member of the AFA:                      Yes      No

Are you involved with certification:                      Yes      No

If yes, what level have you received: \_\_\_\_\_

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\*Please make checks payable to Land of Lincoln's Association in the amount of \$50.00 for one year's membership dues.

\*Send payment and application to:

Loren Lamar Jr.  
L.L.H.A. Treasurer  
6 Circle Lane  
Stanford, IL 61774  
309-275-4225