

The Worshipful Company of Farriers

WCF Interim Registrar: Mrs Linda Quinn,

The Worshipful Company of Farriers, Magnesia House, 6 Playhouse Yard, London. EC4V 5EX.

Email: [registrar@wcf.org.uk](mailto:registrar@wcf.org.uk) Telephone: 020 3410 0720

***APPLICATION FOR ASSOCIATE (AWCF) EXAMINATION (USA)***

I, *(insert full name in BLOCK CAPITALS) …*……………………………………………………………………………………,Of *(Postal address of permanent residence)*

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………………………………………………

……………………………………………… Telephone No:………………………………………………

………………………………………………

Post Code: ……………………………… E-mail:…………………………………………………………

holding a \*DipWCF numbered ………… and dated ………………………… hereby make application to take the Associateship Examination Module(s) indicated.

*Tick box*

Theory Module (Written Paper; Live Horse and Radiographic Assessment; Oral)

*Tick box*

Practical Module (Exhibition of Shoes; Live Shoeing and Shoemaking;

Modern Farriery; Oral)

*Tick box*

I have paid the [required Examination Fee](http://www.wcf.org.uk/feesandpayments.phptructure.pdf).

I confirm that I am currently registered as a member of the American Farriers Association and that my details on the AFA Find-a-Farrier website are correct.

My Striker for the Practical Module will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

([See Guidance Notes for rules on Strikers](https://www.wcf.org.uk/pdfs/AWCF%20Notes%20on%20Strikers.pdf)) *(Insert Full Name and Qualifications of Striker)*

I agree to be bound by such Rules as may be made from time to time by The Worshipful Company of Farriers, and on request I will produce the Certificate of passing the examination, if granted, to the Registrar of the Company for the time being upon one month’s notice given by The Worshipful Company of Farriers.

I understand that if I should at any time be deemed by the WCF to have brought the craft of farriery or the Company into disrepute, or should I at any time be removed from the Register of Farriers under the Farriers (Registration) Act 1975 (Amended 1977), the Company reserves the right to withdraw or withhold the Certificates of the DipWCF or RSS and expunge my name from the records of The Worshipful Company of Farriers.

*Applicant’s Signature* ………………………………………… *Dated*………………………………