Membership Application
Empire State Meat Goat Producers Association (ESMGPA)

Individual Membership (One Vote): $15.00 Annually Family Membership (Two Votes): $25.00 Annually

Initial membership dues shall be payable at the time of joining. Membership Renewals are payable January 31st each year. New member applications received after October 1st will be prorated at one-half the annual dues for the remainder of that year.

Please Print Clearly

Date: _____ ☐ **New Membership** ☐ **Renewal Membership**

Name(s): _____

Farm Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Phone: (_____)**_____

Email: _____

Web Site: _____

Do You Currently Raise Goats: ☐ **Yes** ☐ **No** **If Yes, Breed/Type:** _____

Do You Sell Breeding Stock: ☐ **Yes** ☐ **No** **Do You Offer Stud Service:** ☐ **Yes** ☐ **No**

_____ **I Do** _____ **I Do Not**

Hereby give permission for the Empire State Meat Goat Producers Association (ESMGPA) to place my personal information including name, address, telephone number, email address, web address, and farm statistics on the ESMGPA website which is a public domain, and to provide my name and address to Country Folks Publications for their quarterly meat goat newsletter.

_____ **I Do** _____ **I Do Not**

Hereby give permission for the Empire Meat Goat Producers Association (ESMGPA) to release my personal information including name, address, telephone number, email address, web address, and farm statistics to the Cornell University Cooperative Extension. I understand if permission is given the extension will use this information for collecting statistics, disseminating information and forwarding my name to other interested breeders as a resource.

_____ _____

Signature **Date**

Are You a Member of the: ☐ **ABGA (Member #_____*)** ☐ **IBGA** ☐ **USBGA**

* ESMGPA is an affiliate of the ABGA and receives matching funds for each of our ESMGPA members who also are members of ABGA. Please include your membership number for this reason.

I Wish to Include a <u>Voluntary</u> Gift to the KIMBER HAMM ESMGPA YOUTH SCHOLARSHIP FUND

☐ ***$5.00*** ☐ ***$10.00*** ☐ ***$15.00*** ☐ ***$20.00*** ☐ ***$25.00*** ☐ ***Other $_____***

Total Amount Enclosed: $_____ **(There will be a $25.00 charge for any returned non-sufficient fund checks)**

Please Make Checks Payable to ESMGPA & Mail Application with Payment to:

ESMGPA
PO Box 306
Watkins Glen, NY 14891