

The Michigan Boer Goat Association, Inc.

Application for Membership

Membership dues renew annually on January 1st of each year and end on December 31st of the same year.

Please indicate with an (X) by the type of membership you are applying for:

Youth Annual Fee \$10.00 _____

Ranch Annual Fee \$30.00 _____

Personal Information:

Name: _____

Farm Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Fax No.: _____

E-Mail: _____

Web: _____

"The MBGA, Inc. Mission Statement"

The mission of the Michigan Boer Goat Association, Inc. is to Produce, Promote and Market Boer Goats in an honest and ethical manner in the State of Michigan and surrounding areas by providing shows, sales and educational opportunities.

The MBGA, Inc. does have a set of Corporate By-Laws of which contains it Code of Ethics. By signing below you are agreeing to Abide by these "Code of Ethics". Copies are available upon written request.

"Hold Harmless Agreement"

By signing below, you agree to Hold Harmless, the MBGA, Inc. and its entities and/or all Board Members for any legal actions regarding any/all aspects of the Association.

“Consent to Publish Personal Information”

I do hereby give my consent for the MBGA, Inc. to publish my personal information. By placing an (X) by each item below, I am allowing this information to be published in the MBGA, Inc. web site and in all MBGA, Inc. newsletters or other MBGA, Inc. publications.

Name:_____ Address:_____ Phone:_____

Farm:_____ Fax:_____ Email:_____

Web Site:_____ Youth Personal Info:_____

The MBGA, Inc. shall be held harmless for any misunderstandings, errors or omissions of the above information in its publications. All information will remain the same unless you provide a written request to the MBGA, Inc. Secretary.

By signing below, I have read and understand this full Application for Membership and agree to abide by the MBGA, Inc. “Mission Statement”, “Code of Ethics”, “By-Laws” and “Hold Harmless Agreement”. I have also given my Consent to Publish my personal information.

Date:_____

Applicant Signature:_____

Print Name:_____

Parental Consent *(required for all minors)*

I, _____ am the parent or legal guardian of the “youth” that is applying for Membership. I have read the above information; I give my parental permission for my youth to become a member.

Date:_____

Parental Signature:_____

Print Name:_____

Please make checks Payable to: **The MBGA, Inc.**

Mail Payment with Applications to: **Mrs. Terri L. Fryman**

55805 Garrett Rd.

Dowagiac, MI 49047