

**Membership Application**  
**Empire State Meat Goat Producers Association (ESMGPA)**

**Membership fee \$25.00**

*Initial membership dues shall be payable at the time of joining. Membership Renewals are payable January 31<sup>st</sup> each year. New member applications received after October 1<sup>st</sup> 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:** \_\_\_\_\_

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**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 ESGMGA 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**

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**Are You a Member of the:** **ABGA** (Member # \_\_\_\_\_ **\***)  **IBGA**  **USBGA**

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

**I Wish to Include a Voluntary Gift to the KIMBER HAMM ESGMGA YOUTH SCHOLARSHIP FUND**

**\$5.00**  **\$10.00**  **\$15.00**  **\$20.00**  **\$25.00**  **Other \$** \_\_\_\_\_

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

**Please Make Checks Payable to ESGMGA & Mail Application with Payment to:**  
**ESMGPA**  
**PO Box 306**  
**Watkins Glen, NY 14891**