



FOR OFFICE USE ONLY

Member # _____

Application for Membership

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please take a moment to fill in the following information:

The **breed(s)** of goats you raise, how many **years** you've been raising each breed, indicate if you breed for **resale**, **research**, **milk** and/or **meat**, the current number of **does** and **bucks** you own, and if you offer **stud** services or **lease** your bucks.

The information you provide here will be held in confidence and used only for KGBA purposes. We appreciate your cooperation.

Breed	Years	Resale	Research	Milk	Meat	Does	Bucks	Stud	Lease

Please use the back of this page if more space is needed.

Annual Membership Options

- Youth (under 18) \$10
- Active \$15
- Family \$25

Make check/money order payable to K.G.B.A. and mail to:

K.G.B.A.
P.O. Box 4
Miami, MO 65344

Members receive discounts on all fees, voting rights, herd tattoo prefix, KGBA newsletter, various other publications and the right to hold office in the KGBA.