

AUSTRALIAN DAIRY GOATS INCORPORATED

Please forward this completed application form to
The Secretary, Australian Dairy Goats Incorporated, 867 MAIN SOUTH ROAD, DROUIN SOUTH VIC 3818
Email: 123topazpark@gmail.com

APPLICATION FOR MEMBERSHIP (FULL MEMBER)

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF AUSTRALIAN DAIRY GOAT INC.

I enclose the membership fee and agree to pay it annually at the beginning of each financial year according to the Incorporations Bylaws.

I AGREE to keep complete and accurate records of the breeding of dairy goats in my possession. For stud purposes this would include consecutive dates of all services with positive identification of females bred and sires used, and of all dates of kidding, with the sex and identification of each kid.

For commercial herds a record of the bucks and dates they were used within the herd should be recorded along with kidding dates, sex and identification of all kids retained.

Please tick Yes or No in the boxes below, to allow confidential access by ADG Inc to your Herd Recording & Classification results to establish accurate Estimated Breeding Values (EBV). This is not mandatory but your herd information would be of enormous benefit to the entire Dairy Goat industry, allowing the industry to have the same opportunities to access the genetic tools currently available to the dairy, beef and sheep industries.

dairy, beef and sheep industr	ries.							
YES, I agree to allo	YES, I agree to allow ADG Inc to access my herd recording data							
NO, I don't allow AI	NO, I don't allow ADG Inc to access my herd recording data							
I AGREE to be bound by the	rules of the Association and	the By-laws governin	g the registration and	d recording of dairy	y goats.			
Dated at	This		day of	20				
Name of Nominee: (Print name of voting person	& signatory of your members	Sign Ship)	ature:					
MEMBERSHIP CATEGORY and ANNUAL FEE (Fees include GST)								
1. FULL \$77.00 Commercial/Stud with full membership and voting rights Note: Quarterly Pro Rata Membership rates are applicable at Membership application and will be invoiced to you upon receipt of this form. Full Membership Fee is payable on 1 July of each subsequent year. ENTER your complete postal address, the details which locate your farm, ABN or ACN and your contact details. NAME:								
Postal Address:		Property A						
State	Postcode	State	Po	stcode				
ABN/ACN		Tel ()						
Fax ()	Email							
Mohile No								

DECLARATION OF OWNERSHIP

I/We hereby declare that this application represents the following persons in this membership and we agree to notify the Association within thirty days of any change by the deletion or addition of a partner in this membership.

Names of Partners (Please print) First Names Surname		Signatures (Please write)
IMPORTANT - CHOOSE A HERD PREFIX		
prefix may not exceed two words and 30 letters. Any	meaningful word	or and use a herd prefix to identify the goats which they breed. A d may be used, or you may create one out of parts of names that bot too common. Short, uncommon names or words make the best
MAKE SEVERAL SUGGESTIONS HERE in order of $\ensuremath{\text{p}}$	oreference.	
1	2	
3	4	
TATTOO PREFIX MAKE SEVERAL SUGGESTIONS HERE in order of p	oreference.	
1	2	
3	4	
HERD RECORDING DATA ACCESS		
All members participating in herd recording are reques history data by completing the following.	sted to assist the	e Association in obtaining herd recording information and lactation
Herd Recording No/Shire Property No National Herd Id		
NILIC December Identification Code		
QUESTIONNAIRE	(Leave blank i	
In order to assist us with planning, it would be appreciable us serve you better.	iated if you could	uld provide answers to the following questions. Your answers will
, , ,		□NO
 3) How many milking goats in your herd? 4) How many are registered dairy goats (Herdbook 5) How many are unregistered purebreds? 	or Appendix)?	
FOR OFFICE USE ONLY		