



International **KIKO GOAT** Association, Inc.

MEMBERSHIP APPLICATION FORM

Name of Member: _____

Additional Names: (partner, spouse) _____ (optional)

Farm, Ranch, or Business Name _____ (optional)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ 2nd phone# if needed: _____

Fax Number: (optional) _____ Email: _____

Website (to list on IKGA Website) _____ (optional)

How many goats do you own currently? _____ (optional)

Breeds of goats you currently own: _____ (optional)

What type of membership are you applying for? **Lifetime Membership \$500**

Membership \$40

Associate Membership \$35

Junior Membership \$5

New Member, joining 7-1 thru 12-31 \$20

Inactive 3 yrs & >, returning 7-1 thru 12-31 \$20

What Herd Prefix would you like to use? (3-4 characters)

First Choice: _____ Second Choice: _____

Can you volunteer for an IKGA Project or Committee? Yes No

If yes, please list any special interests or skills: _____

Comments: _____

"I hereby make application for membership in the International Kiko Goat Association, Inc. (IKGA) agreeing to conform to the code of ethics and by-laws governing this association and certifying that the information I have provided in this application is accurate."

Signature

Date

Mail with your attached payment (check or money order) to: IKGA,
c/o Darla Dishman, 1562 Shellotte Rd, Pall Mall, TN 38577