



AUSTRALIAN DAIRY GOATS INCORPORATED

24-36 Camberwell Road, Hawthorn East, Victoria 3122 Australia Postal: PO Box 489, Hawthorn BC, Victoria 3122
Telephone: (03) 9835 7600 Facsimile: (03) 9835 7699 Email: enquiry@holstein.com.au

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 By-laws.

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.

- YES, I agree to allow ADG Inc to access my herd recording data
- 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 governing the registration and recording of dairy goats.

Dated at..... This day of 20

Name of Nominee:..... Signature:.....
(Print name of voting person & signatory of your membership)

MEMBERSHIP CATEGORY and ANNUAL FEE (Fees include GST)

1. FULL \$77.00 Commercial/Stud with full membership and voting rights

Note: 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 Address:

.....
.....

.....
.....

State Postcode

State Postcode

ABN/ACN

Tel ()

Fax () Email

Mobile No

BE SURE THIS APPLICATION IS COMPLETED IN FULL AND PROPERLY SIGNED.

IMPORTANT - PLEASE SEE OVER

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)

Signatures (Please write)

First Names Surname

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IMPORTANT - CHOOSE A HERD PREFIX

All Full (breeder) members of the Association are required to register and use a herd prefix to identify the goats which they breed. A prefix may not exceed two words and 30 letters. Any meaningful word may be used, or you may create one out of parts of names that relate to your family or farm. Your own surname may be suitable, if not too common. Short, uncommon names or words make the best prefixes.

MAKE SEVERAL SUGGESTIONS HERE in order of preference.

- 1.
- 2.
- 3.
- 4.

HERD RECORDING DATA ACCESS

All members participating in herd recording are requested to assist the Association in obtaining herd recording information and lactation history data by completing the following.

Herd Recording No/Shire Property No
 National Herd Id
 Herd Recording Centre
 NLIS Property Identification Code
 (Leave blank if unknown)

QUESTIONNAIRE

In order to assist us with planning, it would be appreciated if you could provide answers to the following questions. Your answers will help us serve you better.

- 1) Are you actively engaged in dairy goat farming? YES NO
- 2) If no, what is your main business activity?
- 3) How many milking goats in your herd?
- 4) How many are registered dairy goats (Herdbook or Appendix)?
- 5) How many are unregistered purebreds?

FOR OFFICE USE ONLY

Copy forwarded to ADG for herd prefix permission YES

Date..... Signature..... (Membership Section)