



AFFILIATE APPLICATION

Club Contact Information

The ABGA Affiliate Program is designed to assist and provide resources to local goat clubs.
This program is open to all meat goat and Boer goat clubs that desire to be part of the affiliate program.

Name of Club: _____
Club Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____ Website: _____

Club President: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____ Website: _____

Affiliate Contact: _____
Club's Main Contact Person
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____ Website: _____

Membership Base and Officers

Number of Members: _____ Estimated No of ABGA Members: _____
Membership Dues: Amount: _____ Yearly 6 months
Does the club have an open membership policy? Yes No
Does the club provide registry services? Yes No
States Served: _____
Officers:
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____
Term of Office: 1 Year 2 Years 3 Years Other
Does your club have: [check all that apply]
 Annual Meeting Open Meetings Committees
 By-laws Non-Profit Status Club Growth Plan



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Yearly Activities

Education Activities: _____ Date: _____

Show Activities: _____ Date: _____

Other Activities: _____ Date: _____

You may, if you wish, include a couple of paragraphs about your club to be displayed with your club information on the Affiliates Page of the ABGA Website.

Applicant hereby acknowledges and agrees that the American Boer Goat Association, its Officers, Directors, Agents, employees and volunteers (hereafter collectively "ABGA") shall not be held responsible for any loss, injury or damage in connection with, arising out of, or incident to being part of the ABGA Affiliate Program.

Applicant further and hereby expressly waives all rights to claim against ABGA, and releases ABGA from any liability whatsoever with respect to any injury to person or damage to or loss of property from any cause whatsoever (expressly including ABGA's negligence). By signing this application, applicant certifies that all information contained in this application is true and correct. Applicant also agrees that said club/affiliate will abide by and remain in accordance with the policies of the ABGA Affiliate Program.

President's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____
If different from President

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____

Date Approved: _____ Date Not Approved: _____

Reason for Not Being Approved: _____

ABGA Staff Signature: _____ Date: _____