

2021 ABGA Membership Renewal Form

Member Number: _____

Current Information:	Change To:
Name:	
Farm Name:	
Address:	
Cell #	
Home #	
Email	

I agree to receive temporary papers, requests for information (RFI), statements, and other ABGA Office related communication via email. (Must Check One) Yes No
 Would you like to receive a Boer Goat Magazine? (Must Check One) Yes No
 If Yes: One per household One per qualifying member Other: _____

2021 ABGA Membership Renewal Fees *			Contributions	
QTY	Dues Amount	Amount	Fund	Amount
	\$60/ yr Adult	\$	Junior Scholarship	\$
	\$60/yr Adult w/1 Junior**	\$	Boer Goat Research	\$
	\$30/yr Junior	\$	ABGA National Show Fund	\$
	Subtotal:	\$	Total:	\$

*ABGA dues are a tax-deductible business expense for most producers. However, charitable contributions or gifts to ABGA are not deductible for federal income tax purposes.

** All JABGA Memberships must have an active 2021 ABGA Adult Membership listed as an agent before a renewal can be processed.

JABGA Member Name: _____ Membership # _____

JABGA Member Name: _____ Membership # _____

JABGA Member Name: _____ Membership # _____

JABGA Member Name: _____ Membership # _____

Agent Name: _____ Membership # _____

Agent Signature: _____ Date: _____

By submitting this form, I agree to support and abide by the Articles of Incorporation, Bylaws, Rules and Regulations of the American Boer Goat Association and Junior American Boer Goat Association, and to advance the purposes of ABGA and JABGA. I have read and agree to follow the Code of Ethics. I have read and agree to follow the ABGA Online Terms and Conditions. I understand and agree that my membership can be removed at any time under the bylaws of ABGA. **Regular members are entitled to transact business with ABGA at members' rates, the ADULT member will receive a copy of the official ABGA publication of "The Boer Goat" magazine. All members listed will have access to ABGA Online. The JABGA member can vote for JABGA leadership of their choice and the ABGA member can vote for ABGA leadership of their choice. Limit one Adult w/Junior Membership Application per family. If additional memberships are needed, please complete an additional form. All forms must be submitted together.

Payment: Visa M/C AmEx Disc CVV(_____) Check (#_____) M/O Cash

Card Number

Exp Date

Card Holder Signature

Printed Name on Card