

**Boer Goat Breeders’
Association of Australia Ltd**
ACN 067 659 081 ABN 840 676 590 81

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Boer Goats – ‘Meating’ the Market

MEMBERSHIP DETAILS

(Complete details in this column)

Membership Name (Stud Name or Business Name):	
Prefix Name (up to 20 characters):	
Member ID (3 digits, e.g. XYZ):	Preferred option: Secondary option:
Membership Category Applied for (from list above):	
Primary Contact Person:	
Other Members: (If under 18, please state age)	
Property Address:	
Postal Address (if different to above):	
Contact Details:	Home: Mobile: Business: Fax: E-mail address:
Website details: (this will be placed on the website as a free link)	

I hereby apply for membership of the Boer Goat Breeders' Association of Australia Ltd. and agree to be bound by Rules and Regulations and the Code of Ethics of Association (detailed over) and those conditions that the Directors decide upon in the interest of the Association and the breed from time to time.

Signed by: (Please print name)	
On behalf of: (Stud, business, entity name)	
Signature:	
Date:	
Please state if Junior member:	
Please state date of birth if Junior member:	
Parent/Guardian's Signature (if for Junior member):	

Privacy - When registering as a member, we may collect personal information about you. This information will be used for the sole purpose of keeping you informed on the progress of the Association. If you do not wish this information to be handed out to other members, please indicate in the box provided.

I do not wish my information to be handed out.

RISK WARNING – SHOWS

To be completed and signed by all exhibitors – members and by parents and/or guardians of junior members, exhibitors or handlers who are under the age of 18 years.

I/we acknowledge that goat-handling activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do occur. Being fully aware of such risks, I/we wish to involve myself/ourselves and/or the undermentioned minor in goat handling activities. I/we agree not to make any claim against the BGBAA for any injury or loss sustained whilst participating in goat handling activities organised by the BGBAA or its affiliated branches. I/we acknowledge that no insurance is provided by the BGBAA on my/our behalf and I/we are responsible for arranging my/our own public liability and all other necessary insurances.

Name of members/handlers:- <ul style="list-style-type: none"> If under 18 years of age, please state age 	
Signature of member:	
Name of parent/guardian (if under 18 years of age):	
Signature of parent/guardian (if under 18 months of age):	
Date:	