

**I/WE ARE APPLYING FOR THE FOLLOWING CATEGORY OF MEMBERSHIP** (please tick):

Breeder Membership:	<input type="checkbox"/> \$50.00 per annum. Membership includes 1 or more family members and/or partners. Able to Register and/or Transfer animals and access to the Premium Breed Database
Junior Breeder Membership:	<input type="checkbox"/> \$25.00 per annum. Membership includes 1 or more siblings. Able to Register and/or Transfer animals and access to the Premium Breed Database
Social Membership:	<input type="checkbox"/> \$25.00 per annum. Unable to Register and/or Transfer animals and no access to the Premium Breed Database

### Applicants Details:

Name of Applicant/s:	
Membership Number:	
Stud Prefix:	
PIC Number:	
Postal Address:	
Suburb or Town:	
State & Postcode:	
Telephone Number:	
Mobile Number:	
Email Address:	
Website:	
Facebook:	
Goat Breeders: Do you test annually for CAE & Johne's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accredited                      Accreditation Number:
Sheep Breeders: Brucellosis Tested:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Accredited                      Accreditation Number:

**I/WE WOULD LIKE THE FOLLOWING DETAILS PUBLISHED ON THE AABMGS WEBSITE** (please tick):

None:	<input type="checkbox"/> Please do not publish my details.
Name:	<input type="checkbox"/> Yes
Stud Prefix:	<input type="checkbox"/> Yes
Suburb or Town:	<input type="checkbox"/> Yes
State:	<input type="checkbox"/> Yes
Postcode:	<input type="checkbox"/> Yes
Telephone Number:	<input type="checkbox"/> Yes
Mobile Number:	<input type="checkbox"/> Yes
Email Address:	<input type="checkbox"/> Yes
Website:	<input type="checkbox"/> Yes
Facebook:	<input type="checkbox"/> Yes

**Each Individual Applicant is required to sign and date this Application.**

I/we hereby apply to renew membership with the AABMGS Inc. (Australian All Breeds of Miniature Goat & Sheep Society), and agree, if accepted, to pay forthwith the appropriate subscription fees. During my/our period of membership I/we agree to support the Objectives of the AABMGS and to comply with Rules, Regulations and Code of Ethics designed to promote these Objectives as approved by the AABMGS Committee and/or General Meeting of Members.

**NB: Junior Breeders need a parent or guardian to also sign below.**

*The information provide on this form is true and correct to the best of my knowledge.*

Name of Applicant 1:	
Signature:	
Date:	

Name of Applicant 2:	
Signature:	
Date:	

Name of Applicant 3:	
Signature:	
Date:	

**Please return this form to:**

<b>Post:</b>	AABMGS Inc. Registrar 1165 Brightview Road Brightview QLD 4311
<b>Email:</b>	myaora@outlook.com

**Payment can be made by Cheque, Money Order or Direct Deposit**

Account Name:	AABMGS
Account Number:	74 005 9147
BSB:	084-657
Deposit Receipt Number:	