

PREMIER DAIRY GOATS NEW ZEALAND INC.

APPLICATION FOR MEMBERSHIP

MEMBERSHIP DETAILS

Mr/Mrs/Miss/Ms/Dr Surname:.....First Names.....

Mr/Mrs/Miss/Ms/Dr Surname.....First Names.....

Mr/Mrs/Miss/Ms/Dr Surname.....First Names.....

Mr/Mrs/Miss/Ms/Dr Surname.....First Names.....

Address:.....

.....

Postal Address (if different to above).....

.....

Phone: Home.....Work.....

Fax:.....Mobile.....

E-mail.....

PREFIX AND EAR TATTOO

Prefix must be one word with no punctuation or spaces. Maximum length 15 letters.

PREFIX: 1st Choice.....

2nd Choice.....

Tattoos may be either three or four letters. If your choice is unavailable, an allocation will be made by Premier Dairy Goats New Zealand Inc.

TATTOO: 1st Choice.....2nd Choice.....

3rd Choice.....4th Choice.....

I/We understand that the information supplied on the application for membership form will be held by Premier Dairy Goats New Zealand Inc. group and may be published.

I/We also understand that under the Privacy Act 1993 I/We have rights of access to and correction of the information held by the Premier Dairy Goats New Zealand Inc.

I/We hereby make application for membership of *Premier Dairy Goats New Zealand Inc* and enclose a cheque for \$NZ50.00 to cover Annual Subscription.

Signatures.....

Date:.....

Please send Application to: **Premier Dairy Goats New Zealand Inc. P.O. Box 91. GERALDINE.**