

## **AUSTRALIAN DAIRY GOATS INCORPORATED**

Please forward this completed application form to
The Secretary, Catherine Ireland, Australian Dairy Goats Incorporated, 49 FREE SELECTORS RD NSW 2534 Email:
foxgroundproduce@westnet.com.au

## APPLICATION FOR MEMBERSHIP (FULL MEMBER)

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF AUSTRALIAN DAIRY GOAT INC.

I enclose the membership fee and agree to pay it annually at the beginning of each financial year according to the Incorporations Bylaws.

I AGREE to keep complete and accurate records of the breeding of dairy goats in my possession. For stud purposes this would include consecutive dates of all services with positive identification of females bred and sires used, and of all dates of kidding, with the sex and identification of each kid.

For commercial herds a record of the bucks and dates they were used within the herd should be recorded along with kidding dates, sex and identification of all kids retained.

Please tick Yes or No in the boxes below, to allow confidential access by ADG Inc to your Herd Recording & Classification results to establish accurate Estimated Breeding Values (EBV). This is not mandatory but your herd information would be of enormous benefit to the entire Dairy Goat industry, allowing the industry to have the same opportunities to access the genetic tools currently available to the dairy, beef and sheep industries.

dairy, beef and s	, · · · · ·	asily to have the same opportunites t	o dooddo tho gonetto to	olo darroritty available to ti	
☐ YES, I	YES, I agree to allow ADG Inc to access my herd recording data				
□ NO, I d	NO, I don't allow ADG Inc to access my herd recording data				
I AGREE to be b	oound by the rules of the Asso	ociation and the By-laws governing the	registration and record	ding of dairy goats.	
Dated at	Т	his day	/ of	20	
Name of Nomine (Print name of vo	ee: oting person & signatory of yo	Signature our membership)	<b>)</b> :		
MEMBERSHIP (	CATEGORY and ANNUAL F	EE (Fees include GST)			
Full Membership ENTER your cor	Pro Rata Membership rates are Fee is payable on 1 July of each mplete postal address, the def	ercial/Stud with full membership and vapplicable at Membership application and subsequent year.  tails which locate your farm, ABN or A	nd will be invoiced to yo	etails.	
Postal Address	:	Property Addre			
	Postcode			)	
ABN/ACN		Tel ( )			
Fax ( )					

Mobile No .....

## **DECLARATION OF OWNERSHIP**

I/We hereby declare that this application represents the following persons in this membership and we agree to notify the Association within thirty days of any change by the deletion or addition of a partner in this membership.

Names of Partners (Please print) First Names Surname	Signatures (Please write)
IMPORTANT - CHOOSE A HERD PREFIX	
prefix may not exceed two words and 30 letters.	e required to register and use a herd prefix to identify the goats which they breed. A Any meaningful word may be used, or you may create one out of parts of names that hay be suitable, if not too common. Short, uncommon names or words make the best
MAKE SEVERAL SUGGESTIONS HERE in orde	r of preference.
1	2
3	4
TATTOO PREFIX MAKE SEVERAL SUGGESTIONS HERE in orde	r of preference.
1	2
3	4
HERD RECORDING DATA ACCESS	
All members participating in herd recording are re history data by completing the following.	quested to assist the Association in obtaining herd recording information and lactation
Herd Recording No/Shire Property No National Herd Id Herd Recording Centre	
NLIS Property Identification Code	(Leave blank if unknown)
QUESTIONNAIRE	
In order to assist us with planning, it would be ap help us serve you better.	preciated if you could provide answers to the following questions. Your answers will
<ol> <li>Are you actively engaged in dairy goat farm</li> <li>If no, what is your main business activity?</li> <li>How many milking goats in your herd?</li> <li>How many are registered dairy goats (Herd</li> <li>How many are unregistered purebreds?</li> </ol>	oook or Appendix)?

Version updated 2025