



# Kalahari Goat Association of Australia

ABN: 98649092982

## Membership Form

All prospective members of Kalahari Goat Association of Australia (KGAA) are required to complete this membership form.

Membership: 1 July - 30 June (inclusive)

New Membership Renewal Changes to register

### Section 1: Member Contact Information

Stud Name 1:	
Stud Representative:	
Trading Name:	
Address:	
Town:	
State:	
Postcode:	
Email:	
Mobile Phone Number:	

### Stud Prefix Classification (up to 4 letters can be chosen)

Stud Name 2:	
Stud Prefix 1:	
Stud Prefix 2:	

### Section 2 – Membership

Memberships run from July to June each year. Any new member joining throughout the year will have their membership fee\* calculated pro-rata calculated to the closest 1<sup>st</sup> day of the month joined.

	AUD\$
Full Member:	\$260

Please note: KGAA is not currently GST registered. Membership fees are non-refundable.

**Section 3 – KGAA Rules and Regulations**

I hereby make an application for membership to the Kalahari Goat Association of Australia.

I have read, understand and agree to abide by all rules and regulations as stipulated in the Registration Rules, Code of Ethics & the Constitution of KGAA (all of which are located & downloadable from the KGAA webpage).

Signature:

Date:

**Section 4 – Media and Communications Release**

I, , the persons mentioned, agree to and provide consent for the photographic images or video footage of myself or my goats for the KGAA website and all social media pages for marketing and sales on behalf of KGAA.

I give consent for the use or reproduction of any recording referred to above, which promotes the initiatives of KGAA with acknowledgment and no entitlement to remuneration or compensation. I understand the nature and consequences of what is being proposed in the paragraphs mentioned above. If there has been any matter of uncertainty, I have sought clarification from the KGAA board. I understand that should I wish to withdraw this authorisation, it will be my sole responsibility to inform KGAA and its Board.

Signature:

Date:

**Section 5 – Stud Representative**

<b>Name:</b>	
<b>Email:</b>	
<b>Mobile Phone Number:</b>	

**Section 5a—Additional Stud Nominees:**

<b>Name:</b>		<b>Signature:</b>	
<b>Name:</b>		<b>Signature</b>	

**Section 6. Payment Advice**

**Acct Name:** KRAA

**BSB:** 633-000

**Acct No:** 182691998

**Ref:** Your Name

***A receipt will be issued upon payment receipt.***

**Please send you completed Membership forms to:**

**Email:** KGAAInc@gmail.com

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