

Commonwealth Goat Club

Membership Application

Name: _____

Street Address: _____

City, State and Zip: _____

Telephone: _____ Email: _____

County: _____ Website URL: _____

Herd Name: _____ Breeds Owned: _____

Do you wish to have your information published in our membership directory. Yes No

Please circle which of your information you wish to appear in the directory.

Additional Herd Info (check any/all that apply):

Dairy Fiber Meat
 Buck Service or Leasing DHIR Linear Appraisal

() Individual Member \$10

() Family Membership \$15 Additional Family Members: _____

() Professional \$15

() Newsletter Business Card Ad \$10/year. Please include your business card!

Amount enclosed: \$_____

Memberships (and checks made payable to CGC) should be sent to
William Spencer, 10582 Stegara Road, Barboursville, VA 22923