



Adult Membership Application Form

Updated June 2019

FOR OFFICE USE ONLY			
Received: _____	Check #: _____	Amount: _____	
Verified: _____	Date: _____		
Membership Number: _____	Herd Prefix: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Work Order: _____			

Please complete the form below to submit application for membership in the American Gelbvieh Association.
If you have any questions, please do not hesitate to contact the American Gelbvieh Association Staff.

For federal income purposes, membership dues and contributions to the American Gelbvieh Association are deductible as business expenses, not as charitable contributions.

Dues and herd assessments make up your active membership and both must be paid annually to keep your membership current.

Annual dues for members of the American Gelbvieh Association are \$120. Thirty-five dollars of this amount is for a one-year subscription to *Gelbvieh World*. Annual dues for **Canadian** and **Mexican** members are \$145, all other countries \$170. Of these amounts, \$60 for Canadian and Mexican members and \$85 for all other countries goes to *Gelbvieh World* for a one-year subscription.

Payment for these dues may be made with cash, check or credit card. Please mark which method of payment you prefer:

I have enclosed a check I have enclosed cash Please call me to obtain credit card information

The undersigned hereby applies for membership in the AMERICAN GELBIEH ASSOCIATION, a non-profit corporation, with all rights and privileges and subject to the obligations thereof, as more fully set forth in the bylaws and rules and regulations of the association. Applicant further certifies that he/she agrees to be governed by the bylaws and rules and regulations. In consideration of the agreement to issue such membership, the membership fee above is paid herewith.

NAME of membership - limited to 30 characters including letters, spaces, and punctuation.

SIGNATURE of applicant (Additional signatures for official business on reverse side)

Date

Applicant Name (please print)

Street or Rural Address

City/Town

State

Zip

PHONE NUMBERS

Please list cell, home, and/or office number(s) and check the phone number of where you are most likely to be reached first:

Cell Phone () _____

Home Phone () _____

Fax () _____

Office Phone () _____

Fax () _____

Email Address: _____

Website: _____

NOTE

If you have had registration papers with a number next to your name, please list:

NUMBER: _____

PLEASE COMPLETE BOTH PAGES OF THIS FORM!

