

## **American Gelbvieh Junior Association Member Application Form**

Updated April 2023

American Gelbvieh Junior Association
1001 S. 70th Street, Suite 215
Lincoln, NE 68510
303-465-2333   303-465-2339 (fax)
www.gelbyieh.org

	FOR OFFICE US	E ONLY
Received:	Check #:	Amount:
Verified:		Date:
Membership Number:		Herd Prefix:
Work Order:		

Please complete the form below to submit application for membership in the American Gelbvieh Junior 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.

This membership is available for youth 21 years of age and younger as of January 1 of the current year. Annual Membership

fee is \$30 per member. Dues and I	nerd assessments make up your act keep your membership cu		<u>both</u> must be paid <u>annually</u> to
Payment for these dues may be made	le with check or credit card. Please	mark which method	of payment you prefer:
I have enclosed a check	Please call me to obtain c	redit card informatio	n
The undersigned hereby applies for me corporation, with all rights and privileg regulations of the association. Applicar consideration of the agreement to issue	ges and subject to the obligations there at further certifies that he/she agrees to	of, as more fully set for be governed by the by	th in the bylaws and rules and laws and rules and regulations. In
APPLICANT NAME (please print) Must use given name, not a ranch name	e. Only one junior per membership		
Birthdate://			
SIGNATURE of applicant (or parent/g	uardian)		
Street or Rural Address	City/Town	State	Zip
PHONE NUMBERS Please list cell, home, and/or office	number(s) and check the phone nu	mber of where you a	re most likely to be reached first
Cell Phone ( )			NOTE
			If you have had registration
Office Phone ( )	Fax ( ) Fax ( )		papers with a number next to
			your name, please list below: NUMBER:
Email Address:			INUIVIDER.

## **AGJA MEMBERSHIP APPLICATION FORM**

If you desire ALL certificates, summaries, applications, correspondence, and billing to be mailed to an address that differs from that appearing on the front of this application, please specify:

	City/To	own	State		2	Zip
Each breeder must have a not contain numbers or s available choice. For a this spaces are blank, AGA with Example: Choice #1: ABC	symbols. Please spec ree-letter prefix, lear rill assign a herd pre	cify choices below, in ave the final space blanefix to your members!	n order of preferenc ink. If all choices ar ihip.	e. AGA	assigns	the first
•			CHOICE #4	/	/	/
CHOICE #2		·	CHOICE #5	/	/	/
CHOICE #3		! <del>_</del>	CHOICE #6	/	_/	_/
Hometown newspaper:						
Address: City:				Zip:		
Email Address:						
Website:						
Please return completed f Mail: 1001 S. 70th Street, S Email: info@gelbvieh.org Fax: 303-465-2339			on.			

Approved for Executive Committee