
WPDGA Membership Application for _____(Year)
*$20/Herd Annually* Checks Payable: **WPDGA**

Name:_____

Address:_____

Phone:(____)_____-_____Email:_____

Herd/Farm Name:_____Website:_____

Youth names & affiliation (4-H, FFA, Etc.):_____

_____

Breeds Owned:_____

_____

Buck Service Y/N *Breeds*_____

__Artificial Insemination __Linear Appraisal __Commercial Dairy __Semen for sale

__Pasteurization __DHIA (Milk Test)

__Goat Products *Product List*:_____

Where/How did you hear about WPDGA?_____

Comments:_____

_____

_____

| **Office Use** | **DR:**_____ | **PT:**_____ |
|---|---|---|