

San Joaquin Pygmy Goat Association Membership Application

Name:			
Address:			
			ZIP
Primary Phone:Alt Phone			
Preferred method of	f contact: Text	t Email	_ Call
E-mail:			
		# of years raising goats:	
Type of	Family	Single	New
Membership			110W
(please circle one)			Renewal
(please circle one)	φου.υυ	φ23.00	Renewar
Please make chec	ks payable a	and mail to:	
San Joaquin Pygmy	y Goat Associ	iation	
PO Box 869 Fowle	er. CA 93625		
Venmo or Paypal 1	·		
-	•	фрисацоп ю:	•
sjpgapygmies@gm	ıaıl.com		
Date Received			
Cash PayPal	Venmo	Check#	_
Please note: N	o refunds issued	on unused porti	on of membership fee