



SOUTHEAST KIKO GOAT ASSOCIATION

Membership Application

Name: _____ **Date:** _____

Address: _____

Phone: (____) _____ **Alt. Phone:** (____) _____

Email Address: _____

Web Site: _____

Farm Name: _____

How did you hear about SEKGA? _____

Thank you for your interest!

Someone from the membership committee will contact you shortly.

Instructions:

Please mail this application to:

Gail Maxwell 507 Bay St. Waycross, GA. 31501 (912)

285-8487 gmax0920@gmail.com

**Be sure to enclose your check for \$25.00 (annual membership dues) payable to:
"Southeast Kiko Goat Association".**