

NCMGP Application

Please fill out form and return with \$50 payment to the address shown below. Make checks payable to NCMGP. Dues are for One (1) year.

Date: ___/___/___

Name: _____

Farm Name: _____

Address: _____

City: _____ State ___ Zip _____

County: _____

E-mail: _____

Home Phone: _____

Fax: _____

How many goats do you have? _____

_____ # of does _____ # of bucks

What would you like to see NCMGP do for you?

Please send to:

NCMGP Membership

PO Box 1169

Louisburg, NC 27549

To market your goats through the NCMGP, you must successfully complete a Quality Assurance Certification Training.