

APPLICATION FOR MEMBERSHIP AND RENEWAL - 2019

NOTE: You can now join/renew online at
www.AlpacaBreeders.org

Thank you for joining us as a new member or renewal. Please read, fill out and sign the form. Make your selections carefully. If you fail to complete the application form it will delay your application.

Thank You - The ABR Membership Committee



NOTE: PLEASE ANSWER ALL QUESTIONS AND SIGN THIS FORM.
OTHERWISE THIS FORM WILL BE RETURNED TO YOU.

1. Permission for ABR to publish your information.

May Alpaca Breeders of the Rockies publish your name, business name, address in the annual membership directory and on the web site? Yes No

Signature: _____

One Member Must Sign

2. AOA Member (Farm Members only)

Are you a current member of AOA? Yes No
(Alpaca Owners Association, Inc)

NOTE: ABR Farm Members are required to be an Associate or Farm member of AOA to join ABR as a Farm Member.

3. Physical Address - If different than mailing address

- a. Additional lines have been included on the reverse side for an alternative physical address.
- b. If no alternative physical address is provided the main farm/ranch address will be used for both.
- c. The system does not support the use of multiple mailing or physical addresses.

4. Alpaca Breeders of the Rockies is a Volunteer Organization

Please indicate where you can help To Share The Knowledge, I would be willing to help in the following areas

a. Committees:

- Breed Standards
- Bylaws
- Communications

Education

Fiber Arts

Long Range Planning

Marketing

Membership

Newsletter

Nominating

Scholarship

Shows and Events

Web Site

b. I'm an expert in: _____

5. Payment

The applicant is responsible for ensuring that payment has been made by the due date. If the application and payment are not received in a timely manner it is possible that the information may not be available in the Membership Directory and other media. Credit Cards can be accepted online at www.AlpacaBreeders.org or you may send this filled out form to the address at the bottom of page 2 along with your check. Make checks payable to ABR (Alpaca Breeders of the Rockies) and assure that all information has been completed on this page and the application on the back side of this form. One member must sign the form above.

SEE REVERSE SIDE OF THIS PAGE FOR THE REMAINING MEMBERSHIP APPLICATION

6. Mark Membership Type

Farm* **\$120.00**
** You must be a member of AOA to be a Farm Member of ABR.*

Associate **\$60.00**

Fiber **\$60.00**

Business **\$60.00**

Only one membership per form.

PRORATED dues are for NEW ABR members only.

FARM

<input type="checkbox"/> Jan- \$120	<input type="checkbox"/> Jul- \$60
<input type="checkbox"/> Feb- \$110	<input type="checkbox"/> Aug- \$50
<input type="checkbox"/> Mar- \$100	<input type="checkbox"/> Sep- \$40
<input type="checkbox"/> Apr- \$90	<input type="checkbox"/> Oct- \$30
<input type="checkbox"/> May- \$80	<input type="checkbox"/> Nov- \$20
<input type="checkbox"/> Jun- \$70	<input type="checkbox"/> Dec- \$10

Reduced \$5 each month
Feb-\$55, Mar-\$50, etc.



PLEASE READ

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION. Please fill out the following as you would like listed in the Membership Directory and on the ABR Web Site.

Leave blank any information that does not apply to you.

PLEASE PRINT CAREFULLY. ---- IT'S YOUR BUSINESS THAT COUNTS!

7 Business Name: _____

• Primary Name (last): _____

Primary Name (first): _____

Secondary Name (last): *Same last name? ... Just use the top two lines* _____

Secondary Name (first): _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____ Zip + 4 _____

8.

Land Based	Phone # 1: _____ Extension _____	Wireless	Cell 1: _____
	Phone # 2: _____ Extension _____		Cell 2: _____
	Phone # 3: _____ Extension _____		Fax: _____

9.

Primary E-mail address: _____

Secondary E-mail address: _____

Website: http:// _____

10. Physical Address ---- If different than mailing address above:

Address: _____

City: _____ State: _____ Zip Code: _____

11. Read this section if you board your Alpacas.

Your geographical location within the map membership directory is based upon where your alpacas are located. Your listing will contain your information plus the name and address of the boarder. Please use a separate paper to indicate the location of your alpacas. *(Questions? Contact the Membership Chair)*

12. To be included in the 2019 membership directory, please return this form with check payable to ABR by **February 1, 2019** to:

Mail To: **ABR - P O Box 1965 - Estes Park, CO 80517**

Membership questions? Contact the ABR Membership Chair
at members@alpacobreeders.org

Rev. 11/12/2017

Office use only: CHECK AMT: \$ _____ CHECK REC'D DATE: _____ CHECK NUMBER: _____