



# Membership Form

## **Step 1:** Farm and Member Information

Farm Name: \_\_\_\_\_  
Primary Member: \_\_\_\_\_  
Second Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone1: \_\_\_\_\_  
Phone2: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email1: \_\_\_\_\_  
Email2: \_\_\_\_\_  
Website: \_\_\_\_\_  
Website2: \_\_\_\_\_  
Membership Type: \_\_\_\_\_

## **Step 2:** Census

How many alpacas do you currently own?

Huacaya Females

Huacaya Males

Suri Females

Suri Males

## **Step 3:** Code of Ethics Compliance

I have read and understand the NEAOBA Code of Ethics. I agree to abide by all the provisions contained therein.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## **Step 4:** Payment *(Note: Dues are not deductible as charitable donations for Federal Income Tax purposes. They may, however, be deductible as ordinary business expenses.)*

Dues (Farm \$60/Assoc \$35) \$ \_\_\_\_\_

Voluntary Contribution to Scientific  
And Medical Research Fund (\$15 suggested) \$ \_\_\_\_\_

**Total Enclosed— Make Check Payable to “NEAOBA”** \$ \_\_\_\_\_

Mail completed form with payment to:

NEAOBA  
C/O Jack Dibb  
Sallie's Fen Alpacas  
97 Swain Road  
Barrington, NH 03825