

| Name | | |
|---|---|--|
| Firm or Farm Name | | |
| Address | | |
| City | State | Zip |
| Phone | | |
| E-Mail | | |
| MEMBERSHIP OPTIONS: | | |
| COUNTY MEMBER \$20 | COUNT | TY & STATE MEMBER \$45 |
| PLEASE COMPLETE THE SURVEY TO give the Program committee some direction as strives to meet the needs of the members – pur | to the programs the membership would like ebred, commercial or hobby. In order to do t | to see in the upcoming year. The BCCA |
| NOTE: Please check EACH item you | | |
| Pasture Management Pesticide License Credit Reproductive Management Fencing USDA / NRCS Programs Marketing Cattle | Weeds and Weed Control Cattle Handling Facilities Lime/Fertilization Field Days EPD's Beef Cow / Calf Nutrition | Forage Establishment Hay and Hay Management Farm Safety Genetics Herd Health Other |
| What special courses would you like to see Co | operative Extension offer? | |
| Would you be interested in serving as an Offic | er or Director? Yes No | |
| (For BCCA Use Only) Burke County Cattle | emen's Association Membersh | ip Receipt |
| | | |
| Year: | 2024 | |
| Amount P | aid: | |
| BCCA Tr | easurer: | |