



Burke County Cattlemen's Association Membership Application

Name _____

Firm or Farm Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

MEMBERSHIP OPTIONS:

_____ COUNTY MEMBER \$15

_____ COUNTY & STATE MEMBER \$40

PLEASE COMPLETE THE SURVEY TO HELP THE PROGRAM COMMITTEE WITH PROGRAMS! This survey will give the Program committee some direction as to the programs the membership would like to see in the upcoming year. The BCCA strives to meet the needs of the members – purebred, commercial or hobby. In order to do this, we need to know your interests.

NOTE: Please check EACH item you would have interest in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Pasture Management | <input type="checkbox"/> Weeds and Weed Control | <input type="checkbox"/> Forage Establishment |
| <input type="checkbox"/> Pesticide License Credit | <input type="checkbox"/> Cattle Handling Facilities | <input type="checkbox"/> Hay and Hay Management |
| <input type="checkbox"/> Reproductive Management | <input type="checkbox"/> Lime/Fertilization | <input type="checkbox"/> Calving Problems |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Days | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> USDA / NRCS Programs | <input type="checkbox"/> EPD's | <input type="checkbox"/> Herd Health |
| <input type="checkbox"/> Marketing Cattle | <input type="checkbox"/> Beef Cow / Calf Nutrition | <input type="checkbox"/> Preconditioning |
| <input type="checkbox"/> Quality & Yield Grades of Carcasses | <input type="checkbox"/> Body Conditioning Scores | <input type="checkbox"/> Calf Grading |
| <input type="checkbox"/> Farm Safety | <input type="checkbox"/> Forage Fed Beef | |

What special courses would you like to see Cooperative Extension offer? _____

Would you be interested in serving as a Officer or Director? Yes _____ No _____

Would you be willing to help at the Drexel Community Fair Food Booth? Yes _____ No _____

(For BCCA Use Only)

Burke County Cattlemen's Association Membership Receipt

Year: _____ 2017 _____

Amount Paid: _____

BCCA Treasurer: _____