

**Application for Membership
McKenzie County Grazing Association**

I hereby request the transfer of the membership, preference, rights and interests of the _____
_____ headquarters to me on the basis of attached document.

Applicant must appear in person at the office of McKenzie County Grazing Association (MCGA). He/she shall assure that he/she is informed of the MCGA rules and regulations, as well as pertinent information regarding the grazing-allotment and headquarters. It is the responsibility of the applicant to comply with all MCGA rules and regulations, together with State and Federal law as the same applies to any grazing privilege obtained.

1. Type of Membership:
____ Individual ____ Partnership ____ Trust ____ Joint Venture ____ Other (please specify)

2. If there is more than one person applying for membership:

List the percentage of ownership/control of base property:

____ % _____
(owner or individual in control of base property)
____ % _____
(owner or individual in control of base property)
____ % _____
(owner or individual in control of base property)
____ % _____
(owner or individual in control of base property)

List the percentage of ownership in livestock:

____ % _____
(owner of livestock)
____ % _____
(owner of livestock)
____ % _____
(owner of livestock)
____ % _____
(owner of livestock)

3. Attach copy of document showing that you have control of the Base Property.

(Deed of Distribution, Warranty Deed, Lease, etc.) _____ See attached

4. Attach copy of the North Dakota Brand Certificate(s). _____ See attached

5. If membership is in more than one pasture, which pasture will the member cast his/her vote for Director? (Each member can vote for no more than one Director) Pasture _____

6. Legal Warning: By making this application, the undersigned affirms and verifies all information stated above is true and accurate. The undersigned further agrees that any changes in status which would alter the information above represented shall immediately be reported to MCGA in writing. The undersigned further acknowledges that he/she may be subject to civil or criminal penalties as a result of false representations as it relates to the grazing privileges granted by MCGA.

Date

Signature of Applicant(s)

I/We hereby release my/our membership, preference, rights and interest to the McKenzie County Grazing association and assign any capital credits that may accrue to the new member.

Signature of Land Owner

Pasture Recommendation: _____

Executive Board Action: _____

Pasture Executive Director/Date

Secretary/Treasurer/Date