



PRODUCER MEMBERSHIP AGREEMENT

Thank you for joining our voice! Join online at www.mnmilk.org or return this completed form to Minnesota Milk Producers Association. Contact our member hotline toll-free at 1-877-577-0741 with any additional questions.

• FARM INFORMATION

Farm Name

County

Address

Township

City State Zip

Number of Cows (Dry cows and those in production)

• PRIMARY CONTACT

Name

Farm/Company Phone Preferred

Mailing Address (if different than above)

Home Phone Preferred

City State Zip

Cell Phone Preferred

E-mail / E-mail Subscriptions

- Weekly "Minnesota Milk Minute" Policy Notices
- Quarterly "The Insider" Newsletter Member News
- Educational Opportunities

• MEMBERSHIP TYPE AND PAYMENT

Please select how you would like to pay your annual membership dues. Also note that 20% of your membership dues go toward direct lobbying expenses and is not tax deductible.

- \$2 per cow paid once a year (dry cows and those in production).**
 - » Check enclosed and made payable to: **Minnesota Milk**
 - » Credit card: **Call our office at 1-877-577-0741**
- \$0.01 (1 cent) per hundredweight direct payment through creamery.**
 - » The undersigned does herein order the

Creamery Name

To check-off and remit to Minnesota Milk Producers Association at the rate of 1 cent (\$0.01) per hundredweight of all milk delivered to the above named Milk Plant or picked up by the bulk tank truck at the farm of the undersigned.

Date Check-Off is to Begin (dd/mm/yyyy)

Primary Contact Signature *Date Signed*

• **ADDITIONAL FARM CONTACTS**

List additional company representatives you would like to receive the benefits of membership.

Name

Home Phone Preferred

Cell Phone Preferred

E-mail / E-mail Subscriptions

- Weekly "Minnesota Milk Minute" Policy Notices
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• **ARE YOU INTERESTED IN ANY OF THE FOLLOWING MINNESOTA MILK PROGRAMS AND OPPORTUNITIES?**

- Picnic Host for Legislative Tour
- Producer Enrichment Program (*must be under 40 years of age*)
- Local Involvement Profile
- Other (*please list*): _____

Office Use Only

Date: _____ Payment Method

Check # _____

Cash

MMPA District: _____ Credit Card

Check-Off

Legislative District: _____ Amount Paid: _____

