



# PRODUCER MEMBERSHIP AGREEMENT

Thank you for joining our voice! Join online at [www.mnmilk.org](http://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.

**\$0.01 per hundredweight for total milk 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 (mm/dd/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

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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: \_\_\_\_\_

