



APPLICATION FOR MEMBERSHIP

Please Type or Print

Contact Person and Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax Number _____

Business Type _____

Regular Memberships:

<u>Gross Dollar Sales</u>	<u>Annual Dues</u>
\$0 - \$500,000	<input type="checkbox"/> \$290
\$500,001 - \$1,000,000	<input type="checkbox"/> \$365
\$1,000,001 - \$2,000,000	<input type="checkbox"/> \$510
\$2,000,001 - \$5,000,000	<input type="checkbox"/> \$725
\$5,000,001 - \$10,000,000	<input type="checkbox"/> \$870
\$10,000,001 - \$25,000,000	<input type="checkbox"/> \$1,160
\$25,000,001 +	<input type="checkbox"/> \$1,450
Affiliate Membership (Branch Offices)	<input type="checkbox"/> \$100

Associate Memberships \$300

We hereby apply for the above checked membership in the Wisconsin Agri-Service Association, Inc. and agree to comply with the provisions of its by-laws.

Signature

Title

Date

Regular Member: Corporations, firms, cooperatives, partnerships and individuals who have their headquarters offices and/or principal office and business within the state of Wisconsin and whose business is directly engaged in buying, selling, warehousing, manufacturing, processing, or conditioning of feed, seed, grain and/or related farm supply items.

Associate Members: Corporations, firms, cooperatives, partnerships, and/or individuals who are in an allied or related industry.

Effective June 2001