

**Washington State Dairy Federation
2017 Retired Dairy Farmer Associate Membership**

Primary Contact Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Cell: _____

Primary Email: _____ **Other Email:** *(optional)* _____

[[I expect to receive electronic news & alerts at the above emails.

Website: _____

Retired Associate Membership Dues: \$25.00

Associate Members receive:

- Weekly newsletter (primary email)
- Industry/Legislative Alerts
- Linkable listing on our website
- Promotional opportunities to our producers
- WA Dairy Conference invitation & member exhibitor rates

Please return this form with any updated company and contact information to:

Washington State Dairy Federation
P.O. Box 1768, Elma, WA 98541
Fax: 360.482.4069 Email: Darcel@WaStateDairy.com

PAYMENT OPTIONS:	Card #	Exp. Date:	CVV#
<input type="checkbox"/> Check	Name <i>(as appears on card)</i>		
<input type="checkbox"/> Visa	Card billing address <i>(if different)</i>		
<input type="checkbox"/> Master Charge	Signature		