

## Washington State Dairy Federation 2018 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.*

**Comment:** \_\_\_\_\_

**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](mailto:Darcel@WaStateDairy.com)

<b>PAYMENT OPTIONS:</b>	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		