



MEMBERSHIP APPLICATION

NAME: _____

FARM NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIPCODE: _____

E-MAIL ADDRESS: _____

PHONE: _____

I prefer to be contacted by (circle one):
Phone E-mail

GROWER MEMBERSHIP

HEIFERS _____ X \$0.25 = \$ _____

*Membership cap of \$2,500

PRODUCER MEMBERSHIP

COWS _____ X \$1.00 = \$ _____

*Membership cap of \$3,500

Working together. Taking a stand.
Partnering for progress.

Please mail application and check to:
WIDA

P.O. Box 483 • Sanborn, IA 51248

phone 712-441-5308

www.wiadairy.com