

ASSOCIATE MEMBERSHIP APPLICATION

Date of Application:

Company Name: hereby makes application for Associate Membership in Dairy Institute of California.

Address:

Contact: Title:

Phone: Fax:

E-mail: Website:

Contact: Title:

Phone: Fax:

E-mail: Website:

Description of product or service rendered to the California dairy industry:

Please list two or more Dairy Institute Processor Members with whom you are presently doing business. (Please include letters of recommendation from each reference).

Company: Contact:

Phone: Fax:

Company: Contact:

Phone: Fax:

Signature: Date: