



1127 11th Street, Suite 718
Sacramento, CA 95814

Phone: 916-441-6921
Fax: 916-441-0802
Website: www.dairyinstitute.org

AFFILIATE MEMBERSHIP APPLICATION

Date of Application:

Company Name:

hereby makes application for Affiliate Membership in Dairy Institute of California.

I understand that this membership entitles my company to receive all Dairy Institute mailings, but that we may attend Dairy Institute meetings *only* with prior approval of Dairy Institute's President and Executive Director. The dues rate for Affiliate membership is currently \$350/month. New dues rates may be established from time to time by Dairy Institute's Board of Directors.

Address:

Website:

Contact 1:

Title:

Phone:

Fax:

E-mail:

Mobile:

Contact 2:

Title:

Phone:

Fax:

E-mail:

Mobile:

Please describe the nature of your company's affiliation with the California dairy industry:

Signature:

Date: