

Date:_____

MEMBERSHIP/RENEWAL FORM Independent Forage Growers PO Box 14 Cozad, NE 69130

.ll prospective member nuary 1st-December	rs of N.A.M.A. are required to complete this registrar 31st. NEW MEMBERSHIP RI			from
ECTION I: MEM	BER CONTACT INFORMATION			
FARM NAME				
NAME				
ADDRESS I		HOME TELEPHON	IE	
ADDRESS 2		MOBILE PHONE		
TOWN/CITY		PRIMARY EMAIL		
ZIP CODE		SECONDARY EMA	AIL	
COUNTY		WEBSITE		
DISTRICT				
ECTION 2: MEM	BERSHIP TYPE AND PAYMENT DETA	ILS		
MEMBER TYPE	DESCRIPTION		MEMBERSHIP DUES (Annual)	Total
PRODUCER	Annual Base Rate		\$100	
	Grass Acres x .40 = Alfalfa Acres x .40 =			
ASSOCIATE- INDUSTRY	Associate-Industry Membership is open to anyone support N.A.M.A. and/or the forage industry. Mindividual or company to receive newsletters.		\$100	
PAYMENT METHOD	Personal Check			•
ECTION 3: MEM	BER INFORMATION	_		
ALFALFA ACRE	S:	-500 🔲 501-700 🔲 70	01+	
GRASS HAY AC	RES: >100 101-200 201-350	351-500] 701+ □ NA	
BALE TYPE-Che	ck all that apply:	☐ 3x4 ☐ 4x4 ☐ Sm	nall Square	
BALER MAKE/M				
WINDROWER N				
TRACTOR MAK		eta ale Braducan Amilia	uninnan 🗆 Othon	
WHICH BEST D	ESCRIBES YOU? Alfalfa Producer Live	stock Producer	usiness Other	
•	you would be willing to serve on a comm	nittee or board of dir	ectors:	
	ot at this time committee you would like to serve on?			
is there a specific	committee you would like to serve on:			
(Committees are	membership, expo, award/scholarship, special	projects)		
, Sommittees are	member simp, expo, arrai discribiai simp, speciai j	p. 0,000 /		