

**ARKANSAS PORK PRODUCERS ASSOCIATION
PRODUCER MEMBERSHIP FORM**

FARM OR COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP (\$25)

_____ PRODUCER

_____ NON-PRODUCER

MAIL TODAY TO: ARKANSAS PORK PRODUCERS ASSOCIATION
579 BUCK MOUNTAIN ROAD
DOVER, AR 72837
(479) 331-0367
(479) 331-0185 FAX
arkpork@yahoo.com EMAIL

Office Use Only

DATE PAID _____

CHECK # _____