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 # ________________