

**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](mailto:arkpork@yahoo.com) EMAIL

---

**Office Use Only**

**DATE PAID** \_\_\_\_\_

**CHECK #** \_\_\_\_\_