



REPRESENTING CALIFORNIA DAIRY PROCESSORS SINCE 1939

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## AFFILIATE MEMBERSHIP APPLICATION

DATE OF APPLICATION:

COMPANY NAME:

hereby makes application for  
Processor 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 \$400/month. New dues rates may be established from time to time by Dairy Institute's Board of Directors.

ADDRESS:

WEBSITE:

CONTACT 1:

TITLE:

PHONE:

MOBILE:

E-MAIL:

FAX:

CONTACT 2:

TITLE:

PHONE:

MOBILE:

E-MAIL:

FAX:

Description of product or service rendered to the California dairy industry:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_