



REPRESENTING CALIFORNIA DAIRY PROCESSORS SINCE 1939

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PROCESSOR MEMBERSHIP APPLICATION

DATE OF APPLICATION:

COMPANY NAME:

hereby makes application for
Processor Membership in
Dairy Institute of California.

In making this application, we agree to observe the Bylaws and Articles of Incorporation of the organization. We understand that the Bylaws specify that we may resign by written notice to the address above ninety (90) days prior to the effective date of such resignation. In such an instance, all dues, assessments or other charges incurred up to the effective date of the resignation are payable.

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: _____