



REPRESENTING CALIFORNIA DAIRY PROCESSORS SINCE 1939

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ASSOCIATE MEMBERSHIP APPLICATION

DATE OF APPLICATION:

COMPANY NAME:

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

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:

List at least two Dairy Institute Processor Members with whom you are presently doing business.
(Please include letters of reference from each member)

COMPANY:

CONTACT:

PHONE:

E-MAIL:

COMPANY:

CONTACT:

PHONE:

E-MAIL:

SIGNATURE: _____

DATE: _____