

\_\_\_\_\_  
**Name (Print)** **(For Office Use) I.D. #**  
 \_\_\_\_\_  
**Mailing Address** **City**  
 \_\_\_\_\_  
**Email Address**

**WESTERN UNITED DAIRIES**  
**Membership Application**

The undersigned hereby applies for membership in Western United Dairies. Upon acceptance of this application, the undersigned agrees to an assessment on monthly receipts on all milk sold or delivered in an amount or percentage as prescribed from time to time by the Board of Directors of Western United Dairies and to abide by the Articles of Incorporation and bylaws of Western United Dairies as they now exist and may be hereafter amended, which shall constitute the agreement between the undersigned and Western United Dairies.

**Date** \_\_\_\_\_  
**D.B.A -** \_\_\_\_\_  
**Location of Dairy -** \_\_\_\_\_  
**Telephone No. ( )** \_\_\_\_\_ **No. of Cows -** \_\_\_\_\_  
 \_\_\_\_\_  
**County -** \_\_\_\_\_ **District -** \_\_\_\_\_  
**Starting Assignment Date -** \_\_\_\_\_ **Contracted By -** \_\_\_\_\_  
**Ship To -** \_\_\_\_\_ **Patron No. -** \_\_\_\_\_

**Incorporated: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **New Member** \_\_\_\_\_ **Reassignment** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Please indicate if the undersigned is:** A partnership\_\_\_\_\_, a corporation\_\_\_\_\_, a limited liability company\_\_\_\_\_, a sole proprietorship\_\_\_\_\_. If a partnership, please list the names of the partners \_\_\_\_\_ (attach additional page if necessary). If a corporation or limited liability company, indicate after your signature your title or capacity with the entity that is the applicant (e.g., president, director, managing agent, etc.).

**Cash Dues Member or Dairy Creamery Member, please complete below**

**To:** \_\_\_\_\_  
 Handler or Distributor

**Address:** \_\_\_\_\_

I hereby authorize you to deduct from my monthly milk check on all milk sold or delivered an amount or percentage as fixed by the Board of Directors of Western United Dairies and to pay said sum to Western United Dairies. The amount to be deducted will be set from time to time by said Board Directors and you will be notified by letter if any changes occur. The present authorized deductions is 0.001 of the gross dollars paid. In no event shall the deduction exceed 0.001 of the gross dollars paid.

**OR**

I hereby authorize you to deduct from my monthly milk check on all milk sold or delivered not less than \$650 per month and to pay said sum to Western United Dairies. The amount to be deducted will be set and you will be notified by letter if any changes occur.

Please make deductions effective with milk shipped on \_\_\_\_\_

Name (Print) \_\_\_\_\_ Patron No.- \_\_\_\_\_

From \_\_\_\_\_