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**Working Together.**

**Taking a Stand.**

**Partnering for Progress.**

**Membership Form**

**Dairy Producer or Heifer Grower**

|  |  |
| --- | --- |
| **Farm Name** |  |
| **Name of Primary WIDA Contact** |  |
| **Street Address**  **City, State, Zip Code** |  |
|  |  |
| **Email Address** |  |
| **Home/Office Phone** |  |
| **Cell Phone** |  |

Please complete information below to determine membership dues.

Producer Membership: Number of cows \_\_\_\_ x $1.00 = $ \_\_\_\_\_\_

*Producer Membership capped at $3,500*

Calf/Heifer Grower Membership: Number of heifers \_\_\_\_ x $.25 = $ \_\_\_\_\_\_

*Grower membership capped at $2,500*

IS your farm Interested in ever hosting WIDA’s June Open House? Yes\_\_\_\_\_No\_\_\_\_\_Maybe\_\_\_\_\_

Is your farm interested in hosting farm tours for school children? Yes\_\_\_\_\_No\_\_\_\_\_Maybe\_\_\_\_\_

Please list (or update) names and contact information of other family members or employees who should also receive WIDA communications, including monthly email newsletters, invitation to annual meeting and promotions for other WIDA events. ***Only the person listed as Primary WIDA Contact will receive membership renewal/billing notices.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  |  |  |
| **Street Address** |  |  |  |
| **City, State, Zip** |  |  |  |
| **Email Address** |  |  |  |
| **Phone** |  |  |  |

*Additional contacts can be written on back.*

Mail renewal form and check to: Western Iowa Dairy Alliance

400 Central Ave. NW #900

Orange City, Iowa 51041

Contact Scott Schroeder at 712-441-5308 or [info@wiadairy.com](mailto:info@wiadairy.com) for questions or additional information.