



# ND Pork Council

## MEMBERSHIP FORM

### 2020-2021

**ND Pork Council Membership**      **\$25.00** Per voting member

**Please Check:**

**Owner/Operator,**     **Contract Grower,**     **Employee,**     **Associate,**     **Student**

**Total \$** \_\_\_\_\_

*(make checks payable to ND Pork Council, 3320 45<sup>th</sup> Ave, New Salem, ND 58563)*

*Please Fill Out Completely*

*Please Print*

Name(s) \_\_\_\_\_

Farm/Barn Name \_\_\_\_\_

Complete mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*We would appreciate email address for future communication of events*