

ODPA Membership Form

Member Name _____

Farm Name/Company _____

Street Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

County _____

Email _____

Producer Membership (\$50 each)

Industry Membership (\$200 each)

No payment enclosed, please invoice

Additional Associate (\$50 each)

Additional Associate (\$50 each)

Total Dues Included _____