

Membership Information

Please list the primary contact

Company: _____

Name: _____

Address: _____

Email address: _____

Organization's website address _____

Telephone: _____

***Additional contacts to be listed on the back of this application**

Please select the information you would like to have emailed to you.

- | | |
|---|---|
| <input type="checkbox"/> IPA newsletter / General updates | <input type="checkbox"/> Member / Educational opportunities |
| <input type="checkbox"/> Legislative updates | <input type="checkbox"/> Disease updates |

ALLIED MEMBERS

Allied Member companies are firms that supply goods and services to Iowa poultry farmers. This type of membership is designed for companies that want to have interaction with Producer Members and share their expertise with the industry. Please check the box below.

\$500 Allied Membership

Specialty Area _____

\$25 additional fee per contact added above the initial two contacts.

PRODUCER MEMBERS - Producer fee is a one-time yearly fee of \$.00150 per bird at maximum capacity.

Please select your producer status and provide the facility maximum capacity information.

- | | |
|--|---|
| <input type="radio"/> Broiler producer
Maximum Capacity of facility _____ x \$.00150
membership fee: \$ <u>0.00</u> | <input type="checkbox"/> Commercial pullet producer
Maximum Capacity of facility _____ x \$.00150
membership fee: \$ <u>0.00</u>
NOTE: If pullets are raised for your egg production only, they are not considered a commercial pullet operation. |
| <input type="radio"/> Egg producer
Maximum Capacity of facility _____ x \$.00150
membership fee: \$ <u>0.00</u> | <input type="checkbox"/> Other producer (game birds, exhibition, ostrich, rarities, etc.).
Type _____
Maximum Capacity of facility _____ x \$.00150
membership fee: \$ <u>0.00</u> |

The minimum fee is \$50.00

HATCHERY MEMBERS

Please select the appropriate hatching capacity.

- \$50 Less than 10,000 eggs
- \$150 10,000-50,000 eggs
- \$200 50,000-100,000 eggs
- \$400 100,000-500,000 eggs
- \$450 Over 500,000 eggs

NEW CATEGORIES (Non-Voting)

- Associate Member: \$25**
For poultry and egg supporters who want to be engaged, informed, and supportive of the IPA and our efforts.
- Junior IPA Member: \$10**
For FFA, 4-H, and Collegiate poultry and egg enthusiast.
- Backyard Chicken Member: \$10**
To enhance communication, biosecurity, and collaboration between commercial and hobby poultry farmers.

Additional Staff

Member 1

Name: _____

Title: _____

Email Address: _____

Please select the information you would like to have emailed to you.

- | | |
|---|---|
| <input type="checkbox"/> IPA newsletter / General updates | <input type="checkbox"/> Member / Educational opportunities |
| <input type="checkbox"/> Legislative updates | <input type="checkbox"/> Disease updates |

Member 2

Name: _____

Title: _____

Email Address: _____

Please select the information you would like to have emailed to you.

- | | |
|---|---|
| <input type="checkbox"/> IPA newsletter / General updates | <input type="checkbox"/> Member / Educational opportunities |
| <input type="checkbox"/> Legislative updates | <input type="checkbox"/> Disease updates |

Member 3

Name: _____

Title: _____

Email Address: _____

Please select the information you would like to have emailed to you.

- | | |
|---|---|
| <input type="checkbox"/> IPA newsletter / General updates | <input type="checkbox"/> Member / Educational opportunities |
| <input type="checkbox"/> Legislative updates | <input type="checkbox"/> Disease updates |

Member 4

Name: _____

Title: _____

Email Address: _____

Please select the information you would like to have emailed to you.

- | | |
|---|---|
| <input type="checkbox"/> IPA newsletter / General updates | <input type="checkbox"/> Member / Educational opportunities |
| <input type="checkbox"/> Legislative updates | <input type="checkbox"/> Disease updates |

Billing Information

(if different from information on front)

Company: _____

Name: _____

Address: _____

Email address: _____

Organization's website address: _____

Telephone: _____

Please send payment (with this form) to:

Iowa Poultry Association
8515 Douglas Avenue, Suite 9
Urbandale, Iowa 50322

OFFICE USE ONLY

Date Rec'd: _____

Amt. Rec'd: _____




Check #: _____

Payment Information

Please choose one of the following:

- I am enclosing a check for the total amount.
- The total amount is to be charged (below).
- I wish to be invoiced for the full amount.

Enter the total due \$ _____

 Visa  Mastercard  Discover

Credit Card number _____

CVV _____ Expiration _____
month (xx) year (xxxx)

Signature _____

Date _____

Note: If using a credit card, please print and mail this form.

Welcome to the Iowa Poultry Association