

## 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"/> <b>Broiler producer</b><br>Maximum Capacity of facility _____ x \$.00150<br>membership fee: \$ <u>0.00</u> | <input type="checkbox"/> <b>Commercial pullet producer</b><br>Maximum Capacity of facility _____ x \$.00150<br>membership fee: \$ <u>0.00</u><br>NOTE: If pullets are raised for your egg production only, they are not considered a commercial pullet operation. |
| <input type="radio"/> <b>Egg producer</b><br>Maximum Capacity of facility _____ x \$.00150<br>membership fee: \$ <u>0.00</u>     | <input type="checkbox"/> <b>Other producer (game birds, exhibition, ostrich, rarities, etc.).</b><br>Type _____<br>Maximum Capacity of facility _____ x \$.00150<br>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: \$0**  
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.

- IPA newsletter / General updates       Member / Educational opportunities  
 Legislative updates       Disease updates

### Member 2

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- IPA newsletter / General updates       Member / Educational opportunities  
 Legislative updates       Disease updates

### Member 3

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- IPA newsletter / General updates       Member / Educational opportunities  
 Legislative updates       Disease updates

### Member 4

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

- IPA newsletter / General updates       Member / Educational opportunities  
 Legislative updates       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