

CGFA Membership Application Form

Please print out this form, complete and return it to:

California Grain & Feed Association:

1521 "I" Street

Sacramento, CA 95814;

(916)441-2272;

FAX (916)446-1063

We hereby make application for membership in the California Grain & Feed Association, agree to abide by its Bylaws, Rules and Regulations, and herewith enclose annual membership dues fees of \$_____ (total from below) for the year ending June 30, _____. (In determining dues, please check the correct category(ies) below and prorate to the nearest quarter-year.)

Firm Name _____

Street Address _____ City _____ State ___ Zip ___ - ___

Mailing Address _____ City _____ State ___ Zip ___ - ___

County _____ Phone _____ Fax _____

Website _____

Representative(s) for member directory listing:

Name & Title _____ EMAIL _____

Name & Title _____ EMAIL _____

Name & Title _____ EMAIL _____

Name & Title _____ EMAIL _____

Primary business type (see list below)

ADDITIONAL SITE: (If additional space is needed, please attach extra pages.)

Firm Name _____

Street Address _____ City _____ State ___ Zip ___ - ___

Mailing Address _____ City _____ State ___ Zip ___ - ___

County _____ Phone _____ Fax _____

Website _____

Representative(s):

Name & Title _____ EMAIL _____

Name & Title _____ EMAIL _____

ADDITIONAL MAILINGS (\$65.00 each)

Name _____ EMAIL _____

Firm Name _____

Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Fax _____

Membership Categories (check all that apply below)

Note: For those firms having processing, trading and/or retail segments of their operation, the dues are based on all operations. For example, the dues for a company operating a feed mill that has sales of \$10 million annually, and has a trading office would be \$2600. (\$1,300 +\$1,300). The dues for Processor/Handler Feeder, Broker, Retail Feed Store, Associate and Out-of-State categories include a \$150 contribution to the California Grain & Feed Association Political Action Committee. The \$150 contribution is optional and may be deducted from the total.

Processor/Handler/Feeder - Those firms or individuals engaged in the warehousing, processing, manufacturing, handling, feeding or otherwise distributing of grain, hay, feed, feed ingredients or additives. Select dues category based on Gross Annual Volume of Business.

Please check one:

- up to 1 million \$ 725.00
- 1 up to 2 million \$1025.00
- 2 up to 12 million \$1300.00
- 12 up to 25 million \$1875.00
- 25 up to 50 million \$2450.00
- 50 up to 100 million \$3025.00
- 100 million & over \$3600.00

Broker/Merchandiser - Those firms or individuals whose primary function is the brokering or merchandising of grain, hay, feed, feed ingredients or feed additives. Select dues category based on Gross Annual Volume of Business.

Please check one:

- up to 1 million \$ 725.00
- 1 up to 2 million \$1025.00
- 2 up to 12 million \$1300.00

Retail Feed Stores - Those firms or individuals whose primary business is operation of a retail establishment for the purpose of selling feeds and related products. **Flat Rate \$270** for up to 1 million. For over 1 million please use table above and check appropriate box.

Associate - Individuals, firms or corporations not engaged in the selling of grain, feeds, or feed ingredients but who are allied with the grain milling, feed or feed industries, including, but not limited to, financial institutions, transportation/trucking companies, laboratories, mill equipment vendors, consultants, insurance brokers and information companies. **Flat Rate \$450.**

Out-Of-State - Individuals, firms or corporations who sell hay, grain, feed, supplements, pharmaceuticals, or feed ingredients, for use by the feed or grain milling industries or for direct use by a consumer buyer and who do not have an office or facility in California. **Flat Rate \$725.**

Affiliate - Individuals who are no longer actively engaged in some phase of the grain, feed or feeding industry. Must be endorsed by current member firm (single mailing only). **Flat Rate \$50.**

Additional Sites - In addition to the above fees companies must also pay **\$100 for each additional location.** A feed manufacturer with two mills doing \$10 million in sales annually would pay \$1,400. The \$100 entitles the second site to a full set of mailings.

Additional Mailings - Each membership is entitled to two free mailings. Other additional mailings can be purchased for **\$65** if a company wants a second set sent to a paid site or to an employee's home. (Please provide addresses for additional mailings above.)

Please Enter the Total of Each:

Membership Dues \$ _____
Additional Site Fees \$ _____
Additional Mailing Fees \$ _____

CGFA BUSINESS TYPES

Please select one business type from the list below which best represents your company or provide one of your own. This is the business type which will appear in the entry for your company in the Pacific Southwest Directory.

- Beef Cattle Feeder
 - Dairy Feed Manufacturer
 - Feed Merchandiser/Broker
 - Finance/Futures
 - General Feed Manufacturer
 - Grain Elevator/Storage
 - Grain Merchandiser/Broker
 - Ingredient Manufacturer
 - Ingredient Merchant
 - Insurance
 - Laboratory
 - Livestock Drugs
 - Livestock Supplements
 - Mill Equipment
 - Miscellaneous
 - Nutrition & Research
 - Pesticide & Pest Control
 - Poultry Feed Manufacturer
 - Poultry/Layer Feeder
 - Retail Feed Store
 - Transportation
 - Other (specify in less than 30 characters)
-



Pay your CGFA Membership Dues by Credit Card.....

It's quick. It's easy. Here's how:

1. Fill out the credit card information below, and be sure to include the expiration date of your credit card and your signature to authorize the payment.
2. Review your membership dues invoice (or your membership application, if you are a new member) to be sure all the information is accurate. This is extremely important as this information is used in your CGFA membership directory listing - The PSD. This is your chance to include personnel, products, fax numbers, e-mail, your company's website address, etc.
3. Mail your membership dues invoice or application and this form to the CGFA office (*please note there will be a 3% service charge on all credit card payments*):
1521 "I" Street, Sacramento, CA 95814 or fax to (916) 446-1063.
4. Call us if you have any questions: (916) 441-2272.

YES, please charge my CGFA Membership Dues (\$ _____) plus 3% service fee to my credit card.

NAME: _____

COMPANY: _____

PHONE: _____ FAX: _____

Please charge to my:
 Mastercard VISA American Express

Card Number: _____ Exp. Date _____

Auth Code: _____ Billing Zip Code: _____

Name on Card: _____

Signature (required): _____