



Membership Application Form

Membership Status: New Member Renewing Member

Company Name: _____

Representative Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ **Email:** _____

Company Directory Information: *As you would like it listed in the Member Companies directory*

Company Contact Name: _____

Company Description: *(If no change from last year, list N/A. Descriptions should be three sentences max.)*

Method of Payment: Check Credit Card: Visa MasterCard Discover AMEX

Credit Card Number: _____ Expiration: _____ CVV: _____

Cardholder Name: _____ Billing Address: _____

Invoice Number: _____

Invoice Amount: _____

3% Credit Card Processing Fee: _____

Total Amount to Charge: _____

Dues are prorated on a quarterly bases. If joining in the first quarter (July to September), dues are \$1000 (100%) and reduced 25% per quarter after.

**This only applies to new members. Exiting members are invoiced at the fully year rate.*

Signature: _____ **Date:** _____

Return to AccntDept@uspoultry.org or mail with payment to 1530 Cooledge Road, Tucker, GA 30084