ARKANSAS PORK PRODUCERS ASSOCIATION
PRODUCER MEMBERSHIP FORM

FARM OR COMPANY NAME_____

CONTACT PERSON_____

ADDRESS_____

CITY_____STATE_____ ZIP_____

PHONE_____FAX_____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP ($25)

_____ PRODUCER

_____ NON-PRODUCER

MAIL TODAY TO: ARKANSAS PORK PRODUCERS ASSOCIATION
P. O. BOX 36
DOVER, AR 72837

Email **arkpork@yahoo.com**

Office Use Only

DATE PAID _____

CHECK # _____