



## PROCESSOR MEMBER DUES SCHEDULE

Processor Member Dues are based on gross sales of products produced or processed in Illinois, Minnesota or Wisconsin. As approved by the Board of Directors on July 17, 2002, the dues categories and amounts are as follows:

Locate your Company's Gross Sales category below to determine your dues amount for the calendar year (January - December) and indicate that amount with this application:

<b>GROSS SALES</b>	<b>DUES</b>	<b>1/3 FIRST YEAR SPECIAL OFFER</b>
<b>\$0-10 Million</b>	<b>\$2,015</b>	<b>\$672</b>
<b>\$11-25 Million</b>	<b>\$4,550</b>	<b>\$1,517</b>
<b>\$26-50 Million</b>	<b>\$6,660</b>	<b>\$2,220</b>
<b>Greater than \$50 Million</b>	<b>Contact MWFPA for complete schedule</b>	

*Please complete all of the information below and submit a copy of this application with your payment to:  
 MWFPA, 4600 American Pkwy, Suite 110, Madison, WI 53718-8334  
 Phone: 608.255.9946 Fax: 608.255.9838 Email: info@mwfpa.org Website: www.mwfpa.org*

The undersigned, being engaged in the business of food processing in the states of Illinois, Minnesota and/or Wisconsin hereby applies for membership in the Midwest Food Processors Association in accordance with the *Articles and Bylaws* of said Association.

Company:	Main Contact Name:		
Position/Title:	Email:	Website:	
Location Address:	City:	St:	Zip:
Mailing Address: (if other than location)	City:	St:	Zip:
Phone:	Fax:		
Product(s):	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Please complete page 2 if you would like additional names to be added to the directory listing and/or mailing list.*

*Note: The portion of dues tax deductible as a business expense to your organization is 75% because it is allocable to expenses other than certain lobbying expenses.*

**(NOTICE REQUIRED UNDER OMNIBUS BUDGET RECONCILIATION ACT OF 1993)**

Dues Payable: \$ _____ via <input type="checkbox"/> Check/Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Am Exp <input type="checkbox"/> Discover	
Card # _____	Exp Mo: _____ Exp Yr: _____
Print Name of Cardholder: _____	Signature: _____

Please list any/all contacts that you would like added to your MWFPFA Membership Directory listing and/or mailing list. If 'Yes' indicated under 'List in Directory?' the contact will automatically be added to our mailing list in addition to the directory. If 'No' indicated, the contact will be added to our mailing list only.

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

First/Last Name:	Job Title:		
Email:	List in Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing address:	City:	St:	Zip:

If you would like to add additional contacts, please photo copy this page and complete and submit with your application and payment. If you have any questions, please do not hesitate to contact our office at:  
**Midwest Food Processors Assn, 4600 American Pkwy, Suite 110, Madison, WI 53718-8334**  
**Phone: 608.255.9946, Fax: 608.255.9838, Email: info@mwfpa.org, Website: www.mwfpa.org**