

FEDERAL MILK MARKET ADMINISTRATOR

UPPER MIDWEST MARKETING AREA

P.O. BOX 4469

LISLE, ILLINOIS 60532-9469

MEMBERSHIP REPORT BY ORDER 30 QUALIFIED COOPERATIVE ASSOCIATION

OMB NO. 0581-0032

(1) NOTICE OF ADDITION TO MEMBERSHIP

(2) NOTICE OF MEMBER TRANSFERRING BETWEEN PLANTS

(NAME OF HANDLER TO WHOM MEMBER IS DELIVERING)

(PLANT)

Date

PATRON NUMBER	PATRON'S NAME (FIRST AND LAST) ADDRESS & LOCATION OF FARM (PLEASE PRINT)	STOCK CERTIFICATE OR CONTRACT NO.	DATE OF CONTRACT OR CERTIFICATE	EFFECTIVE DATE OF CHECK OFF	OLD MEMBER TRANSFERRING TO ABOVE PLANT FROM	
					PLANT	PATRON NUMBER
	NAME					
	ADDRESS					
	FARM LOC.					
	TWP. COUNTY STATE					
	NAME					
	ADDRESS					
	FARM LOC.					
	TWP. COUNTY STATE					
	NAME					
	ADDRESS					
	FARM LOC.					
	TWP. COUNTY STATE					
	NAME					
	ADDRESS					
	FARM LOC.					
	TWP. COUNTY STATE					
	NAME					
	ADDRESS					
	FARM LOC.					
	TWP. COUNTY STATE					

The records of this association are available for your examination for the purpose of verifying the above data.

BY

TITLE

(PERSON AUTHORIZED TO SIGN FOR THE ASSOCIATION)

(NAME OF QUALIFIED COOPERATIVE ASSOCIATION)

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