

(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			STOCK CERTIFICATE OR CONTRACT NO.	DATE OF CONTRACT OR CERTIFICATE	EFFECTIVE DATE OF CHECK OFF	OLD MEMBER TRANSFERRING TO ABOVE PLANT FROM	
	(PLEASE PRINT)						PLANT	PATRON NO.
	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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