

(1) NOTICE OF ADDITION TO MEMBERSHIP

M-21

(2) NOTICE OF MEMBER TRANSFERRING BETWEEN PLANTS

Date _____

(NAME OF HANDLER TO WHOM MEMBER IS DELIVERING)

(PLANT)

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 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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