

Many People. One Voice.



Membership Application

Name _____ Date of Birth ____/____/____

Farm/Business Name _____

Address _____

City _____ State _____ Zip _____ County _____

Email* _____ Phone #* _____ Cell # _____

*Required

For additional Business / Up To 5 Persons or Farm Partnership / Up To 5 Persons membership applicants, see back side.

Occupation: (Please check all that apply)

- Farmer Retired Agribusiness Finance Elevator Other

Do you currently grow soybeans? Yes No

Soybean acres? _____ Total acres farmed _____

Do you raise: Cattle Hogs Poultry Dairy

How did you hear about MSGA? (Please check one)

- Recruited in person Recruited by phone Magazine Internet Mailing Radio Event Other

- Producer / Farmer / Business-1 Year (\$100/year)
Producer / Farmer / Business-3 Year (\$250/3 years)
Business / 1 Person (\$1,000/year)
Business / Up To 5 Persons (\$3,300/year)
Farm Partnership / Up To 5 Persons (\$400/year)
Young Professional / 25 And Under & Retired (\$70/year)
New Membership Renew-Member ID #
Recruiter Name & ID:
Check Enclosed (Payable to: MSGA) CC: VISA/MASTER/DISC/AMEX
Card #: Exp. Date (M/Y): Security Code
Name on Card: (Print)
Signature:



Minnesota Soybean Growers Association Member RECEIPT

This certifies that

is a member of the Minnesota Soybean Growers Association.

\$ _____ for _____ year/s. Date _____

Dues to the Minnesota Soybean Growers Association are not deductible as a charitable contribution, but may double as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense to the extent that the Minnesota Soybean Growers Association engages in lobbying. The non-deductible portion of dues for fiscal year 2017 is 12.34% (deductible portion is 87.66%).

151 Saint Andrews Ct, Suite 710 Mankato, MN 56001 Phone: 888.896.9678 • Fax: 507.388.6751 www.mnsoybean.org



Additional Business / Up To 5 Persons or Farm Partnership / Up To 5 Persons Membership Applicants

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ County _____

Email* _____ Phone #* _____ Cell # _____

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ County _____

Email* _____ Phone #* _____ Cell # _____

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ County _____

Email* _____ Phone #* _____ Cell # _____

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____ County _____

Email* _____ Phone #* _____ Cell # _____

*Required

Thank You For Joining
MSGA

