

Invest In An Organization That Invests In YOU



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 / Under 25 & 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 2018 is 11.89% (deductible portion is 88.11%).***

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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 Investing In
MSGA

