

Name (Print) \_\_\_\_\_ (FOR OFFICE USE) ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

The undersigned hereby applies for membership in Western United Dairies. Upon acceptance of this application, the undersigned agrees to an assessment on monthly receipts on all milk sold or delivered in an amount or percentage as prescribed from time to time by the Board of Directors of Western United Dairies and to abide by the Articles of Incorporation and bylaws of Western United Dairies as they now exist and may be hereafter amended, which shall constitute the agreement between the undersigned and Western United Dairies.

Date \_\_\_\_\_ DBA \_\_\_\_\_ Location of Dairy \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ No. of Cows \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_ Starting Assignment Date \_\_\_\_\_

Contacted By \_\_\_\_\_ Ship To \_\_\_\_\_ Patron No. \_\_\_\_\_

Incorporated: Yes \_\_\_\_\_ No \_\_\_\_\_ New Member \_\_\_\_\_ Reassignment \_\_\_\_\_

Signature: \_\_\_\_\_

**How would you like to receive your mail?**

Email  Mail (Hard Copy)

Include all names to be associated with this membership:

**Dairy Creamery Member, please complete below:**

To: \_\_\_\_\_  
Creamery

Address: \_\_\_\_\_

I hereby authorize you to deduct from my monthly milk check on all milk sold or delivered an amount or percentage as fixed by the Board of Directors of Western United Dairies and to pay said sum to Western United Dairies. The amount to be deducted will be set from time to time by said Board Directors, and you will be notified by letter if any changes occur. The present authorized deduction is 0.001 of the gross dollar paid. In no event shall the deduction exceed 0.001 of the gross dollars paid.

**OR**

I hereby authorize you to deduct from my monthly milk check on all milk sold or delivered not less than \$650 per month and to pay said sum to Western United Dairies. The amount to be deducted will be set and you will be notified by letter if any changes occur.

**Dairy Cash Member, please select one of the options below:**

- Option 1:** Gross Monthly Milk Check x .001 = dues. For instance, if your Gross Monthly Milk Check equals \$200,000.00, your WUD dues for the month are \$200.00 (\$200,000 x .001 = \$200.00). If the assessment is less than \$100, the minimum required dues payment monthly is **\$100**
- Option 2:** Pay a CAP of **\$650** monthly
- Option 3:** Pay 45¢ PER COW monthly. If the per cow assessment is less than \$100, the minimum required dues payment monthly is **\$100**

**I would like to sign up for ACH Credit Card/Checking Payments:**

I \_\_\_\_\_  
first & last name authorize Western United Dairies to charge my credit card indicated below in the amount of \_\_\_\_\_ on  
amount of deduction the \_\_\_\_\_ of each month for payment of my milk assessment dues.  
date

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking Account**

**Credit Card**

Name on Account \_\_\_\_\_  Visa  Mastercard

Bank Name \_\_\_\_\_ Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ Card Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Bank City/State \_\_\_\_\_ CVV Code \_\_\_\_\_

**Please make deductions effective with milk shipped on**

\_\_\_\_\_

**Name (Print)** \_\_\_\_\_

**Patron No.** \_\_\_\_\_

**From:** \_\_\_\_\_