



MEMBERSHIP APPLICATION

PO Box 2599
Bismarck, ND 58502
701-355-4458

The North Dakota Ag Coalition is a federation of organizations representing specific agricultural commodities or with a direct interest in agriculture, organized for the specific purpose of addressing issues which affect North Dakota agriculture.

THE ORGANIZATION LISTED BELOW HEREBY MAKES APPLICATION FOR MEMBERSHIP IN the **North Dakota Ag Coalition**, saying that said organization (check if applicable):

- is a statewide organization offering membership in all North Dakota counties, or
- is a regional organization offering membership in all counties directly active in the business of the organization
- is not already represented on the North Dakota Ag Coalition by membership in a larger statewide or regional organization which is a member of the Coalition
- has written bylaws (copy attached if not prohibited), or is a state-chartered organization recorded in state statute
- collects annual dues or has an annual budget in excess of \$1,000

SPONSORS: Bylaws require that each potential member be sponsored for consideration by at least three current ND Ag Coalition members, one of which must be a livestock, row crop or cereal crop entity:

Sponsoring Coalition Member Organization: _____

Authorized Representative Signature: _____

Sponsoring Coalition Member Organization: _____

Authorized Representative Signature: _____

Sponsoring Coalition Member Organization: _____

Authorized Representative Signature: _____

Dues should be submitted along with this application to the North Dakota Ag Coalition at the above address. A copy of the organization's bylaws or charter, or proof that such bylaws or charter exists, must be attached.

Application is made for (check one of the following):

- \$750 annually for organizations with 200 or more members or commodity groups serving 200 or more producers
- \$450 annually for organizations with less than 200 members or commodity groups serving less than 200 producers
- \$300 annually for associate (non-voting) member organizations

APPLICANT (Organization Name) _____

Contact Person _____ Title _____

Address _____ City, State, Zip _____

Phone _____ E-mail _____

Signature _____ Date _____