

**Dairy Producers of New Mexico**  
**Membership Application and**  
**Dairy Checkoff Authorization**

Return this application to:  
Dairy Producers of New Mexico  
PO Box 6299  
Roswell, NM 88202-6299

*Please Print*

\_\_\_\_\_  
Your Name

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

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

The undersigned hereby applies for membership in Dairy Producers of New Mexico. The undersigned understands and agrees that among the purposes and projects of Dairy Producers of New Mexico is the study and recommendation of modifications to existing or creation of new milk marketing arrangements in order to maximize the returns to dairy farmers in New Mexico and West Texas. Dairy Producers of New Mexico will not market milk.

Upon acceptance of this application and so long as the undersigned is a member, the undersigned agrees to, and does hereby, authorize an assessment of **one cent (\$0.01) per hundred weight** payable to Dairy Producers of New Mexico and based on all pounds of milk sold or delivered. Said rate may change as determined by the Board of Directors of Dairy Producers of New Mexico.

The undersigned agrees to abide by the Articles of Incorporation and Bylaws of Dairy Producers of New Mexico as they now exist and may be hereafter amended.

Dairy Name \_\_\_\_\_

Location of Dairy \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_ No. of Cows \_\_\_\_\_

County \_\_\_\_\_

Handler or Distributor \_\_\_\_\_

Producer No. \_\_\_\_\_ Entity:  Sole Proprietorship

Corporation

General Partnership

Limited Partnership

L.L. Co.

Other

New Member? \_\_\_\_\_ Reassignment? \_\_\_\_\_

To: \_\_\_\_\_ (Handler or Distributor)

In accordance with the above, begin deducting from my milk check the amount specified beginning with milk shipped on \_\_\_\_\_, 2018.

Date \_\_\_\_\_

Signature \_\_\_\_\_