

**ARKANSAS PORK PRODUCERS ASSOCIATION
PRODUCER MEMBERSHIP FORM**

FARM OR COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

EMAIL ADDRESS _____

TYPE OF MEMBERSHIP (\$25)

_____ **PRODUCER**

_____ **NON-PRODUCER**

MAIL TODAY TO:

**ARKANSAS PORK PRODUCERS ASSOCIATION
625 BUCK MOUNTAIN ROAD
DOVER, AR 72837
(479) 331-9708
(479) 331-9709 FAX
arkpork@yahoo.com EMAIL**