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Membership Form

Company/ Organization Name: _____

Primary Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact: _____ Direct Line: _____

Email: _____

Additional names and contact info: _____

Company/ Organization Info

Type of Company/ Organization: _____

Headquarters: _____ Locations in Minnesota: _____

Annual Sales: _____ Number of Employees: _____

Business Focus: _____

Issues or Concerns related to Agriculture: _____
