



WABA Application for Membership

2801 International Lane, Suite 105 • Madison, WI 53713
 Phone: (608) 223-1111 • Fax: (608) 223-1147

Regular Memberships:

Regular Member: Corporations, firms, cooperatives, partnerships and individuals who have their headquarters offices and/or principal office and business within the state of Wisconsin and whose business is directly engaged in buying, selling, receiving, delivering, warehousing, manufacturing, processing, applying physical product, or conditioning of feed, seed, grain, fertilizer, chemicals, and/or related farm supply items.

Gross Sales & Related Services	Annual Investment	Gross Sales & Related Services	Annual Investment
\$0 - \$1,000,000	<input type="checkbox"/> \$500	\$25,000,000 - \$50,000,000	<input type="checkbox"/> \$2,500
\$1,000,000 - \$5,000,000	<input type="checkbox"/> \$1,000	\$50,000,000 - \$100,000,000	<input type="checkbox"/> \$3,000
\$5,000,000 - \$10,000,000	<input type="checkbox"/> \$1,500	\$100,000,000 - \$250,000,000	<input type="checkbox"/> \$4,500
\$10,000,000 - \$25,000,000	<input type="checkbox"/> \$2,000	\$250,000,000 - \$500,000,000	<input type="checkbox"/> \$5,000

Associate Memberships:

Associate Memberships are companies or individuals that are engaged in a business allied or related to the grain, feed, seed, fertilizer or chemical business, OR are in the grain, feed, seed, fertilizer or chemical business located outside of the State of Wisconsin \$500

We hereby apply for the above checked membership in the Wisconsin Agri-Business Association, Inc. and agree to comply with the provisions of its by-laws.

Educators/Government Employees:

\$50

Retired/Lifetime Members:

\$30 Annual or

\$275 One Time Payment

Contact Person and Title _____

Company _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Email: (used for majority of correspondence) _____

Business Type _____

Signature: _____ Title _____ Date _____

Payment Information:

1. Make check payable to WABA
2. Return application and payment to either address listed above or fax with credit card information

Visa or MasterCard Payments:

Cardholder _____

Card Number _____

Expiration Date _____



COMPANY INFORMATION SHEET

Please Type or Print

The information about your company will be listed in the WABA Annual Directory unless otherwise specified.

Company _____

Mailing & Physical Address if different _____

City _____ State _____ Zip _____

County _____

Phone Number _____

Fax Number _____

Company Website Address _____

Name of Primary Contact and Title _____

Primary Contact E-mail Address **(majority of all correspondence will be emailed)**

Licenses: (ex: Feed Manufacturing, Grain Dealer, Fertilizer Dealer, Commercial Pesticide Applicator, etc)

Business Types: (ex: Fertilizer, Chemical, Wholesale Feed Manufacturer, etc)

Railroads used: _____

In Business Since: _____ Number of Employees (all locations): _____

Memberships: (example: NGFA, AFIA, etc) _____

List additional branch locations and additional contact names and emails on the next page.

MEMBERSHIP INVESTMENTS ARE DUE SEPTEMBER 21.

Additional Branch Locations / Additional Contact Names & Emails

Firm Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Number _____

Fax Number _____

Manager or person whom correspondence should be addressed:

Name & Title: _____

Email Address (majority of correspondence will be emailed)

(List any additional contacts for this branch on the back of this sheet)

Firm Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Number _____

Fax Number _____

Manager or person whom correspondence should be addressed:

Name & Title: _____

Email Address (majority of correspondence will be emailed)

(List any additional contacts for this branch on the back of this sheet)

Firm Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Number _____

Fax Number _____

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