



WABA Application for Membership

2801 International Lane, Suite 105 • Madison, WI 53704

Phone: (608) 223-1111 • Fax: (608) 223-1147

Dues to WABA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues however, is not deductible as an ordinary and necessary business expense to the extent that WABA engages in state or federal lobbying. **The non-deductible portion of dues for 2018-2019 is 15%**
This information is provided as a courtesy to our members and does not constitute legal or accounting advice; consult your tax professional in the preparation of your returns.

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
\$0 - \$5,000,000	<input type="checkbox"/> \$800
\$5,000,000 - \$25,000,000	<input type="checkbox"/> \$2,000
\$25,000,000 - \$100,000,000	<input type="checkbox"/> \$3,200
\$100,000,000 and over	<input type="checkbox"/> \$6,000

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

\$550

Educators/Government Employees:

\$50

Retired/Lifetime Members:

\$30 Annual or

\$275 One Time Payment

Please return the membership application, this investment calculation sheet, and additional contact pages, along with payment for your dues investment to:

Wisconsin Agri-Business Association
2801 International Lane, Suite 105
Madison, WI 53704

Payment Information:

1. Make check payable to WABA
2. Return application and payment to above address, or fax, or email to denise@wiagribusiness.org with credit card information.

Visa, MasterCard, AMExp., Discover Payments:

Cardholder _____

Card Number _____

Expiration Date _____

Address for Card _____

Zip Code _____



COMPANY INFORMATION SHEET

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Please Type or Print

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

Company _____

Mailing Address: _____

Physical Address: (if different than mailing) _____

City _____ State _____ Zip _____

County: (WI businesses only) _____

Phone Number _____ Cell _____

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.

Additional Branch Locations / Additional Contact Names & Emails

Firm Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone Number _____

Cell 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 _____

Cell 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 _____

Cell Number _____

Fax Number _____

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