



Professional Dairy Managers of Pennsylvania
*Seeking to Advance the Dairy Industry in Pennsylvania
Through Improved Productivity and Profitability*

174 Crestview Drive • Bellefonte • PA 16823 • Toll Free: 877-326-5993 • Fax: 814-355-2452 • Email: info@pdmp.org

Application – Associate Membership

New Membership Renewal

Primary Contact _____

Position/Title _____

Business Name _____

Address _____

City _____ County _____ State _____ Zip _____

Phone (1) _____ (2) _____ Cell Phone _____ Fax _____

Email _____ Website _____ Date _____

Notice: Electronic communication is the most time-efficient and cost-effective method of transmitting important information about PDMP. By supplying your email and fax information, you are agreeing to accept electronic notices and news as part of your membership. In turn, PDMP pledges to respect your privacy and will do its utmost to protect you from unsolicited communications by third parties.

Associate Member Dues Structure

- Associate Investor -- Cost is \$300 per year (One person on the PDMP membership list)**
- PDMP reports and updates sent to one primary contact within the company
 - Ability to place additional people from same company on PDMP's mailing list for additional \$50 per person annually
 - Discounted member registration rates at each PDMP event, for anyone from your company
 - Periodic "Issue Alert" bulletins sent electronically on matters of importance to the dairy industry
 - Access to the state's only organization with a dedicated advocacy role on behalf of the dairy producer

Upgrade Your Membership To Show Your Support of PDMP's Mission and Receive Higher Benefit Levels.

- Silver Investor -- Cost is \$900 per year (Places three people on the PDMP membership list)**
Receive All the Associate Member Benefits, Plus –
- PDMP reports and updates, plus all Issue Alerts sent to three contacts within the company
 - Information about each of your three contact people on the PDMP website, with a link to your company's website
- Gold Investor -- Cost is \$1,500 per year (Permits up to five people on the PDMP membership list)**
Receive All the Associate Investor Benefits, Plus –
- PDMP reports and updates, plus all Issue Alerts sent to five contacts within the company
 - Information about each of your five contact people on the PDMP website, with a link to your company's website
 - Up to \$750 credit on exhibit booth at the Dairy Summit, which includes one registration to that event.

**PDMP'S PREMIER PARTNER PROGRAM OFFERS AN EVEN HIGHER LEVEL OF BENEFITS. CONTACT PDMP FOR INFORMATION.
PLEASE COMPLETE YOUR APPLICATION ON THE REVERSE SIDE OF THIS FORM**

MEMBERSHIP FEES: INDICATE THE LEVEL TO WHICH YOUR COMPANY CHOOSES TO COMMIT

- Associate Investor \$300 (Primary Contact)
- Silver Investor \$900 (Primary Contact + Two Additional Contacts)
- Gold Investor \$1,500 (Primary Contact + Four Additional Contacts)

Total Membership Fee = \$ _____

Plus, ___ Additional Mailing List Names at \$50 each = \$ _____

Total Amount Enclosed \$ _____ (Our Federal ID #: 23-3066186)

Signature _____ **Date** _____

Provide information for additional contacts and/or mailing list names below:

1/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

2/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

3/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

4/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

5/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

6/ Name: _____

Position/Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

TO MAIL membership application, enclose check/money order made payable to PDMP to: 174 Crestview Drive, Bellefonte, PA 16823.

TO FAX membership application, provide credit card information below and fax form to the Business Office Fax: 814-355-2452

Credit Card Information: Visa MasterCard American Express

Account Number _____ Exp. Date _____ CVV _____

Name on Account _____ Authorization Signature _____