



Date of Application: _____

Date of Executive Committee Approval: _____

(to be completed by ADPI)

APPLICATION FOR MEMBERSHIP

We hereby make application for membership in the American Dairy Products Institute. We will comply with the Institute's By-Laws, making payment of dues as determined and set forth therein.

Organization Name

By _____ Title _____

Mailing Address: _____ City _____ State _____ Zip Code _____ Country _____

Street Address: (if different) _____ City _____ State _____ Zip Code _____ Country _____

Signature _____ Office # _____ Mobile # _____

Email Address _____ Website/URL _____

Class of Membership: (check one)

- Processor
- Trading Company Tier-I
- Trading Company Tier-II
- Affiliate
- Utilization
- International
- Individual (please contact Steve Griffin)

Note: Applicants for Processor and/or Trading Company Tier-I membership must complete and submit volume survey form for dues determination. All information provided to ADPI is held as strictly confidential.

Return to: Steve Griffin, Director- Finance & Administration sgriffin@adpi.org