



February 5, 2016

Dear DBA Member,

Happy 2016! I hope your new year is off to a great start. As an association, our most valuable information is our membership data. That data is what we depend on to leverage our association's strength with legislators at the capitol, the media, the public and other organizations. It is also how we contact you, track association involvement, and know what great things our members are doing.

Because of the importance of membership data, we are striving to ensure that our database contains the most current information for your farm. In upcoming months DBA will be transitioning to a new association management system where we want to have all information up to date. We are asking for your cooperation in completing the form below and returning it to us. Please know that your information is confidential and never shared with anyone outside of our organization.

How to return:

- Complete online at <http://survey.constantcontact.com/survey/a07ec7otkj1ik72v6pz/start>
- Email to nbarlass@widba.com
- Mail in the self-addressed envelope provided
- Fax to 920-857-1063

We look forward to hearing back from you and greatly appreciate your cooperation in making sure our membership database is up to date.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Trotter", is written over a light blue horizontal line.

Tim Trotter
Executive Director
Dairy Business Association

2016 Farmer Membership Update

Legal Farm Name: _____
(If you have several farms, please list the name and address for each; use a separate sheet of paper if necessary)

Owner(s) Names: _____

Physical Farm Address: _____

Mailing Address (if different from farm address): _____

Cow Count (mature animals- if you are a heifer grower, please specify): _____

CAFO: Yes No

Primary Farm Contact for DBA (name and title): _____

Email Address: _____ Cell Phone: _____

Office Phone: _____ Home: _____ Fax: _____

Info-Producers (Please list any additional people with your farm that would like to receive DBA communications. The primary contact will be the only person contacted regarding membership.)

1) Name: _____ Email: _____

Address: _____ City: _____ State _____ Zip Code: _____

2) Name: _____ Email: _____

Address: _____ City: _____ State _____ Zip Code: _____

3) Name: _____ Email: _____

Address: _____ City: _____ State _____ Zip Code: _____

Are you insured with Hastings Mutual Insurance? Please check one: Yes No

If yes, what agency do you work with? _____

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Does your farm have the following? If so, please share! We'd love to follow you!

Website: _____

Facebook: _____

Twitter: _____

LinkedIn: _____

YouTube: _____

Blog: _____

How do you prefer to receive your membership dues invoice?

Mailing Address: _____

Email: _____