

February 4, 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 business. 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/a07ec7qgr2sik78qt4q/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,

Tim Trotter

Executive Director

Dairy Business Association

2016 Corporate Membership Update

Company Name:			
Physical Company Addre	ss:		
Mailing Address (if differ	ent from company address):		
Primary Contact for DBA	(name and title):		
Contact Address (if differ	rent from corporate address)	:	-
Email Address:		Cell Phone:	
Office Phone:		Fax:	
communications. The pr			d like to receive DBA nembership. If you have more thar
1) Name:	Emai	il:	
Address:	City:	State	Zip Code:
2) Name:	Emai	il:	
Address:	City:	State	Zip Code:
3) Name:	Emai	il:	
Address:	City:	State	Zip Code:
Does your business have	the following? If so, please	share! We'd love to follow you	ı!
Website:			
Facebook:			
Twitter:			
LinkedIn:			

2016 Corporate Membership Update

YouTube:		
Blog:		
How do you prefer to receive your n	nembership dues invoice?	
Mailing Address E	mail	
Financial/billing contact (if different	from primary contact):	
Name:	Email:	
Address:	City: Sta	ate Zip Code:
Brief description of business:		
Please select the following that best	describes your business (you may selec	t more than one):
Animal Genetics	Builder/Construction	Commodities/Futures
Dairy Equipment/Chemicals	Digester/Nutrient Management	Energy
Engineers/Consultants	Farmer (non-milking)	Feed/Seed/Cooperatives
Finance	Health	Heifer
Hoof Trimmers	Insurance	Legal
Livestock	Machinery	Media
Nutritionists	Organizations/Schools	Pharmaceutical
Processor	Professional Services	Software
Trucking/Hauling	Veterinarian	
Other – please specify:		