

WESTERN ORGANIC DAIRY PRODUCERS ALLIANCE

PRODUCER PAYMENT FORM 2018

Dairy Name: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Cell: _____

Please select from the following two membership payment options:

#1: Per Head Membership:

➤ Number of Milking Cows: _____ X \$1.50 = \$ _____

OR:

#2: Producer Milk Assignment Membership:

➤ _____ \$.01 per annual cwts shipped

➤ Name of handler or processor that sends your milk check: _____

Starting date listed in below "WODPA Producer Milk Check Assignment Form:" The first day of _____, 20____. Producer Number _____

Return this membership form with check to: Western Organic Dairy Producers Alliance (WODPA) c/o Darby Heffner, 2485 Notre Dame Blvd., Suite 370-162, Chico, CA 95928

Producer Milk Assignment Members: Cut here and forward bottom portion to your handler or processor-----

WODPA \$.01 Producer Milk Check Assignment Form

I _____ (please print name or dairy name listed on your milk check)
Request that _____ (handler or processor that sends your milk check)
Deduct the sum of \$0.01 per hundredweight to support the work of WODPA as an assignment from my milk check starting the first day of _____, 20____. The total sum will be paid monthly to WODPA. This agreement may be ended at any time by the producer by sending a written request to their milk handler with a copy sent to WODPA.

Producer signature: _____ Date: _____

Farm Name (please print): _____

Farm Address _____

Phone Number: _____ Cell Phone _____

Producer Number _____

Milk handlers: Send payment to: (WODPA) c/o Tony Schilter, 616 Bunker Creek Rd., Chehalis, WA 98532