

# WESTERN ORGANIC DAIRY PRODUCERS ALLIANCE

## PRODUCER PAYMENT FORM 2017

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