



MEMBERSHIP ENROLLMENT FORM

Individual Member Information

For Office Use Only	
District	_____
PAC	_____
Magazine	_____
Updated	_____
Entered by	_____

Name: _____

Preferred Mailing Address: Work Home

Work Address: _____
Street Address City State Zip

Home Address: _____
Street Address City State Zip

County of Residence: _____ Email: _____

Phone: _____
Work Home Cell Fax

Would you like to be added to the NCPC Emergency Information contact list? Yes No If yes, provide a valid cell # and email address above.

Check all that apply:

- Producer**
 Independent (including Genetics/SS or Weaner/Feeder Pig Producers)

OR **Contract With:** _____

Farm Name: _____ **Job Title:** _____

Are you the primary contact for a permitted farm? Yes No **Farm Permit #:** _____

Employee of Contract Grower

Employer: _____ **Job Title:** _____

Farm Name: _____

Employee of Production Company/Integrator

Employer: _____ **Job Title:** _____

Allied Member

Any individual, partnership, firm or corporation who is involved in a company or industry that is allied with or otherwise supportive of pork production in NC.

Affiliation: _____
(Extension, Education, Animal Health, Financial Services, etc.)

Employer: _____ **Job Title:** _____

Other Member

Employer: _____ **Job Title:** _____

How are you related to the pork industry? _____

Why do you want to be a member of the NC Pork Council? _____

Membership Agreement

- Yes, I want to be a member of the North Carolina Pork Council (NCPC) (based upon NC Pork Council Board approval).
- Yes, I want to receive the quarterly magazine, **The Pork Report**. By Mail Digital Format
- Yes, I want to receive the electronic newsletter, **The Porkline** as well as other NCPC electronic communications.

Signature: _____ **Date:** _____