

**Minnesota Soybean Growers Association and
American Soybean Association**

Membership Application

New Renew - Member ID # _____

1 YEAR: \$90 3 YEAR: \$250

Name _____ Spouse _____

Farm/Business Name _____

Address _____

City _____ State ____ Zip _____

County _____ Phone# _____

Cell # _____ Fax # _____

E-mail _____

Occupation:

Farmer Retired Agribusiness Finance Elevator Other _____

Do you grow soybeans? Yes No

Do you raise: Cattle? / Hogs? / Poultry?

Soybean Acres _____ Total Farm Acres _____

D.O.B. _____ __ Male __ Female

Recruiter name & ID: _____

___ Check enclosed (Please make checks payable to: **MSGA**)

Credit Card: (circle one) VISA or MasterCard

Card #: _____ - _____ - _____ - _____ **Exp Date (M/Y):** ___/___

Name on Card: (Print) _____

Signature: _____

Minnesota Soybean Growers Association Member

RECEIPT

This certifies that _____
Is a member of the Minnesota Soybean Growers Association.

\$ _____ for _____ years. Date: _____