



MINNESOTA ASSOCIATION OF MEAT PROCESSORS

MEMBERSHIP APPLICATION FORM

ANNUAL DUES \$135.00

COMPANY NAME _____

OWNER/COMPANY REP. NAME _____

STREET / PO BOX _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX NUMBER _____

E-MAIL _____

Main Contact Name _____

Send application with check to:

**MAMP
Julie & Rob Lorentz
26497 Inga Ave.
Cannon Falls, MN 55009**

**507-263-2976
mamp@frontiernet.net**

DUES \$135.00 _____

SCHOLARSHIP FUND _____

DONATION (Any amount is greatly appreciated)

TOTAL _____