



Kansas Corn Growers Association Double Membership Form

You are Kansas Corn and we need you!

The Kansas Corn Growers Association brings farmers together to connect with policy makers and regulators on the state and national levels. We focus on key areas that impact corn farmer profitability like ethanol, trade, farm policy and access to crop protection tools.

Our effectiveness and ability to create change, begins with the strong support from our members. KCGA and NCGA keep members up-to-date through our newsletters and on the web and social media.

See Perks handout for a highlight of the perks you receive as a KCGA and NCGA member outside of our association work for your business.

New member **Renewing member: Member ID #** _____

Recruiter's name (if applicable): _____

Business name: _____

Business mailing address: _____ **City, State, Zip:** _____

Cell phone: _____ **Home/Office phone:** _____

Primary name: _____ **Spouse name: (if applicable)** _____

Birth month & year: _____ **County:** _____

Email address: _____

Areas of interest (mark any that are applicable):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Legislative and regulatory issues | <input type="checkbox"/> Ethanol |
| <input type="checkbox"/> Livestock development | <input type="checkbox"/> Trade policy |
| <input type="checkbox"/> Consumer outreach | <input type="checkbox"/> Conservation |
| <input type="checkbox"/> Water | <input type="checkbox"/> Other: _____ |

Opportunities to engage:

- | | |
|---|--|
| <input type="checkbox"/> Kansas Corn Corps young grower program | <input type="checkbox"/> Kansas Corn Amplifiers |
| <input type="checkbox"/> Kansas Corn Action Network | <input type="checkbox"/> Corn STEM education K-12 programs |
| <input type="checkbox"/> Leadership opportunities | <input type="checkbox"/> Host local events or trade teams |

Second name: _____ Spouse name: (if applicable) _____

Cell phone: _____ Birth month & year: _____

Email address: _____

Areas of interest (mark any that are applicable):

- | | |
|--|---------------------------------------|
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Payment options: \$500 August only Check Credit card Invoice

Credit Card info: Name on card: _____ **Exp date:** _____

Card number: _____ **CVC code:** _____

Signature authorizing KCGA to run: \$ _____ on my card listed above. A receipt will be sent.

Signature line: _____