

# NMC Membership Application

[To be used for *new* memberships only. Do not use for membership renewals.]

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Please indicate your affiliation:

- |  |  |
|--|--|
| <input type="checkbox"/> dairy farm        | <input type="checkbox"/> dairy supplier      |
| <input type="checkbox"/> veterinary clinic | <input type="checkbox"/> university          |
| <input type="checkbox"/> cooperative       | <input type="checkbox"/> proprietary handler |
| <input type="checkbox"/> government        | <input type="checkbox"/> other_____          |

## Annual Membership Dues:

- Individual Membership: \$125 \*\*
  - Student: \$25 (*must be a full-time student*)
- \*\* \$5 goes to the National Mastitis Research Foundation

## Paid By:

- Check
- Visa       Master Card (*other cards not accepted*)

Acct No.: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_

### Return to:

NMC  
421 S. Nine Mound Rd.  
Verona, WI 53593 USA  
Phone: 608-848-4615 Fax: 608-848-4671  
E-mail: [nmc@nmconline.org](mailto:nmc@nmconline.org)

*Payment MUST accompany application*



**A global organization for mastitis control and milk quality**