



2016-18 INDIVIDUAL PRODUCER MEMBERSHIP AND ASSIGNMENT FORM

PRODUCER: _____ PRODUCER NUMBER: _____ ("Applicant")

FARM NAME: _____ PHONE: _____
(If different)

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

AGGREGATE ANNUAL MEMBERSHIP MILK MARKETINGS: _____ (POUNDS)
(Estimate)

Applicant hereby applies for membership in Cooperatives Working Together (the "CWT Program"), a program of the National Milk Producers Federation ("NMPF").

MEMBERSHIP TERMS AND DUES: Membership in the CWT Program shall be for a period of for thirty-six (36) months beginning on January 1, 2016 and ending December 31, 2018. CWT membership may not be terminated during that period without the written consent of CWT. Applicant agrees to observe the CWT rules, as set forth in the NMPF Articles of Incorporation and Bylaws, as amended from time to time (and available from the CWT or www.cwt.coop/about-us/by-laws/). Applicant agrees to pay CWT dues each month, on or before the 30th day of the month, in the amount of \$0.04 per hundredweight of milk marketed by applicant during the previous month. Dues payment shall be made payable to "CWT". (Two payment options are detailed on the reverse side of this document.)

ASSIGNMENT: Applicant hereby assigns, and directs the Milk Plant/Handler identified below or any other Milk Plant/Handler as may process Applicant's milk, to pay over, \$0.04 per hundredweight (the "assessment") from Applicant's milk check each month for thirty-six (36) consecutive months during Applicant's term of membership beginning January 1, 2016, paid to:

CWT, 1815 Solutions Center, Chicago, IL 60677-1008

MILK PLANT/HANDLER (NAME AND ADDRESS): _____

Phone: _____ Fax: _____

Applicant acknowledges and agrees that CWT is an express third party beneficiary of this assignment. Applicant will promptly inform CWT in writing of any change in Milk Plant/Handler it uses. This assignment shall be effective to authorize payment to CWT of the assessment by any subsequent Milk Plant/Handler used by Applicant; however, Applicant shall promptly execute and deliver to CWT an assignment substantially similar to this assignment directing payment of the assessment by the subsequent Milk Plant/Handler. This assignment shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia, without regard to its conflict of law provisions. Any dispute, claim, demand or controversy arising out of or relating to this assignment or any action to enforce any term, provision or condition hereof shall be finally settled by binding arbitration administered in accordance with the terms set forth in the NMPF Bylaws.

A copy of this document shall have the same effect as the original.

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____

Return a copy of the completed application and assignment form to:

CWT PROGRAM
2101 Wilson Boulevard, Suite 400, Arlington, Virginia 22201
Phone: 1-888-463-6298 Fax: 703-562-7444

CWT PAYMENT OPTIONS

Payments to CWT can be made in either of two ways-

1. **By Check**

Checks sent via U.S. mail should be sent to:

CWT
1815 Solutions Center
Chicago, IL 60677-1008

OR

Checks sent via overnight mail (Federal Express, UPS, Airborne, etc.)
should be sent to:

PNC Bank Highpoint Business Center
160 Hanson Court
Wood Dale, IL 60191

2. **By Direct Deposit (ACH)**

Payments should be directed to:

Routing #: 107007508
Bank Name: CoBank
Address: 5500 S. Quebec Street
Greenwood Village, CO 80111
Phone Number: (855) 245-2988
Account Name: CWT
Account #: 1063386687