



2019-2021 COOPERATIVE MEMBERSHIP FORM

COOPERATIVE NAME: _____ (“Applicant”)

CONTACT: _____ PHONE: _____

TITLE: _____ FAX: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

AGGREGATE ANNUAL MEMBER 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 thirty-six (36) months beginning on January 1, 2019 and ending December 31, 2021. 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 CWT or at 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 payments shall be made payable to “CWT”. **(Two payment options are detailed on the reverse side of this document.)**

AUTHORITY: Applicant represents and warrants that (a) Applicant has the full power and authority to execute this Application and to consummate the transactions contemplated hereby, including participation in the CWT program and payment of CWT dues; (b) the execution and delivery of this Application by Applicant does not and will not violate the organizational documents of Applicant or any contract or other agreement to which Applicant is a party; and (c) no consent of any person or entity is required in connection with the execution and delivery of this Application by Applicant, except any consents that have been obtained by Applicant.

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____

CWT PROGRAM
2107 Wilson Boulevard, Suite 600
Arlington, VA 22201
Phone: 1-703-243-6111
Fax: 1-703-562-7444

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