Minnesota Corn Research & Promotion Council Partial Refund Membership Form

Fill out this form completely to become a member of the Minnesota Corn Growers Association (MCGA) using corn check-off dollars.

MCGA MEMBERSHIP INFORMAT	MCGA Membership listed as: (select of	one)Individual Name	Farm/Company Name
First & Last Name and/or Farm/Company Name			
Address	CityState	Zip Membership Co	unty
Email Recruiter Name (& number if known)			
Home Phone			
*By signing this form, I certify that I have sold, checked-off and not previously refunded in Minnesota the above checked number of bushels of corn within 12 months of this date. I authorize and assign payment for a membership in the Minnesota Corn Growers Association. This partial refund is to be paid from the first dollars collected on my corn check-off assignment. *Signature Print Full Name Date Phone			
(Signature must be of individual responsible for the sale of c		Date	_ FIIOIIE
SEND COMPLETED FORM TO: 500 E. Travelers Trail, Suite 600, Burnsville, MN 55337 or email to info@mncorn.org 952-233-0333 mncorn.org			