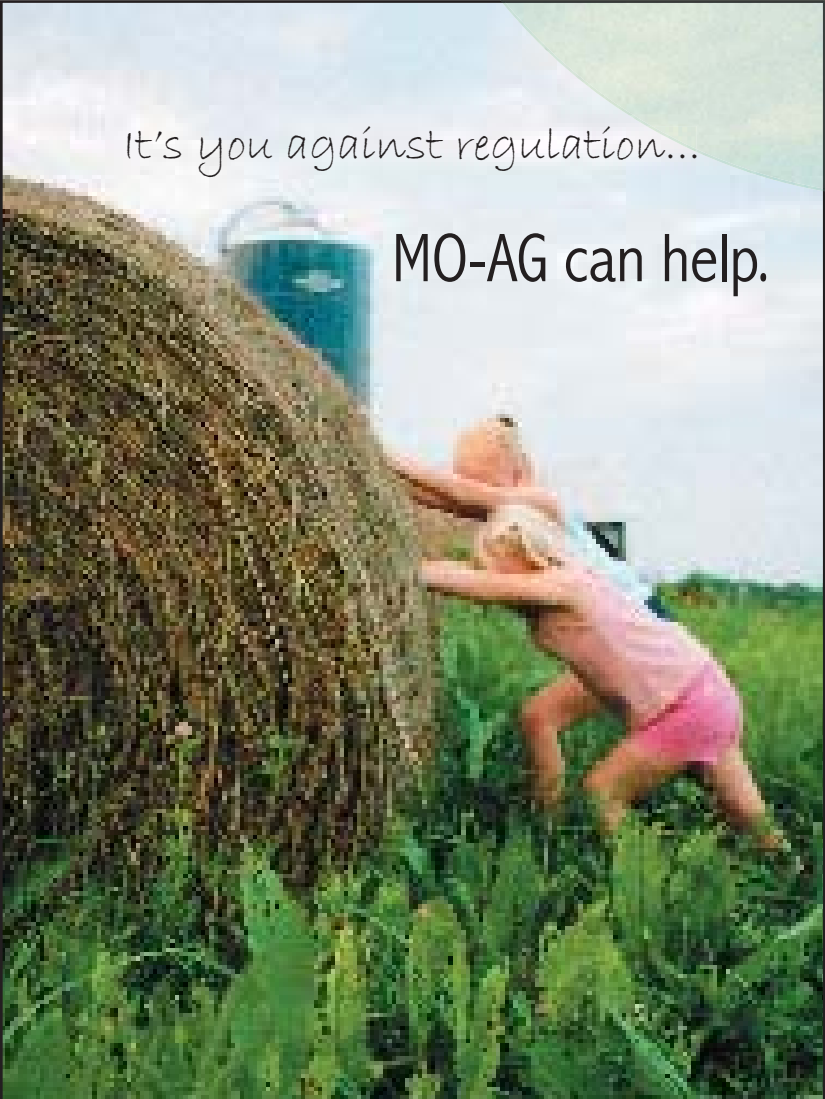


“SECURING THE FUTURE OF MISSOURI AGRIBUSINESS FOR THE BENEFIT OF ALL.”

* Indirectly engaged in agribusiness manufacturing, processing or marketing.
 **Salesperson, university personnel, government personnel, etc.
 ***Retired MO-AG member
 Dues to MO-AG are not deductible as a charitable contribution but can be deducted as an ordinary and necessary business expense. However, 20 percent is not deductible because MO-AG engages in industry lobbying.

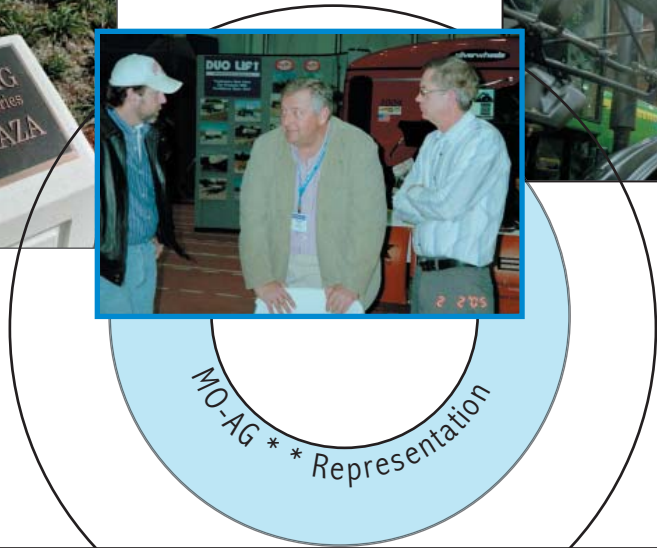
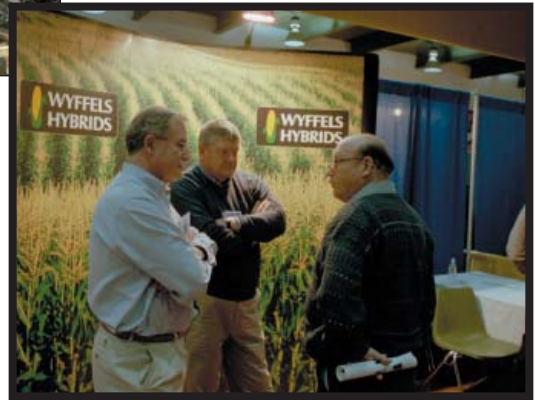
MEMBERSHIP CATEGORY	ANNUAL DUES
Manufacturer/Wholesaler	\$400
Retail	\$300
Additional branch locations	\$100
Producer/Grower	\$300
Service*	\$200
Associate**	\$150
Senior Associate***	\$75



MO-AG, PO Box 1728, Jefferson City, MO 65102



www.mo-ag.com
 MO-AG, PO Box 1728
 Jefferson City, MO 65102
 Phone: 573.636.6130



MISSOURI AGRIBUSINESS ASSOCIATION

NETWORKING.

Our members have spoken, and they have told us that the relationships and networking found in MO-AG are the best part of being a member of this organization.

EDUCATION.

MO-AG holds workshops during the year to keep members up-to-date on regulations and to provide network opportunities.

REAL LIFE RESULTS.

When a MO-AG member voices concern about an issue, MO-AG does something about it. Ranging from water quality issues to grain storage, MO-AG is there for you when you need it most.

REPRESENTATION.

MO-AG employs two lobbyists and one lawyer who voice your concerns at the state Capitol and do something about them.

BENEFITS.

MO-AG also offers its members benefits such as insurance, telephone coverage and much more.



Send this membership form to the MO-AG offices at the address below or fax it to (573) 636.3299. If you have any questions, contact the office at (573) 636.6130.

Missouri Agribusiness Association
 PO Box 1728
 410 Madison St.
 Jefferson City, MO 65102
www.mo-ag.com

*Membership information is on the back of this brochure.

MO-AG MEMBERSHIP FORM

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Membership category*: _____

Your business description: _____

County: _____

Do you have branch locations? Y N

Payment: Check or Credit Card

Credit Card #: _____

Name on card: _____

Expiration Date: _____