# Michigan Allied Poultry Industries Membership Application 

Michigan Allied Poultry Industries, Inc. I PO Box 1211 East Lansing, MI 48826

## Company Name:

Primary Contact: $\qquad$ Title: $\qquad$
Address (Street and PO Box):

| City: | State: | Business Phone |
| :---: | :---: | :---: |
| Em |  |  |

*Monthly Poultry Footnotes Newsletter and disease notifications are distributed by email only.

Please list any additional individuals within your organization that would benefit from being on the MAPI distribution list:

Name: $\qquad$ Title: $\qquad$ Email: $\qquad$ Phone: $\qquad$ LID:
Name: $\qquad$ Title: Email: $\qquad$ Phone: LID:


Name: $\qquad$ Title: $\qquad$ Email: $\qquad$ Phone: $\qquad$ LID: $\square$
*LID = List In Directory: Mark check box to list individuals in the annual Membership Directory

## Please Check All Categories That Apply:


$\qquad$
*Mail completed application and check to address above

Pay by Credit Card: (add 3\%) Total Payment = \$ $\qquad$
You will receive an email invoice with the payment link
*Accept Visa, MC, Discover, American Express, ApplePay

