



## Young Cooperator Membership Form

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Date: \_\_\_\_\_

Division: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Producer Number: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Field Rep's Name: \_\_\_\_\_

*Fill this form out completely and give to your AMPI Field Representative. Thank you!*