



Young Cooperator Membership Form

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!