

MEMBERSHIP APPLICATION

Dakota Pride Cooperative

Dakota Pride Cooperative is an equal opportunity provider and employer



First Name _____ Middle Initial ____ Last name _____

Male Female SS # _____

Spouse's Full Name _____ Farm Name _____

Race: American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Mailing Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

\$50 membership fee Method of Payment: cash check other _____

RETURN APPROPRIATE AMOUNT ALONG WITH THIS FORM TO:

Dakota Pride Cooperative
PO Box 2136
Jamestown ND 58402-2136