

Kansas Wheat Alliance Membership Application

Please type or print clearly.

TODAY'S DATE _____ / _____ / 20_____

FIRST NAME MI LAST NAME SUFFIX

COMPANY/ORGANIZATION

JOB TITLE

STREET ADDRESS

CITY STATE ZIP

E-MAIL ADDRESS

PHONE #

FAX #

Membership

ANNUAL DUES \$100

Total Amount Enclosed

\$ _____

Please Send Payment To:

**Kansas Wheat Alliance
1990 Kimball Ave.
Manhattan, KS 66502**

By filling out and submitting this membership application, you agree to act in accordance with the mission and purpose of the Kansas Wheat Alliance.