



KLA Dairy Committee - Membership Application

I, _____, representing _____, hereby agree to join the KLA Dairy Committee beginning (date) _____.

I agree to pay membership dues to the Kansas Livestock Association, based on the following formula:

Dairy Facilities: Number of lactating cows _____ X \$0.25/month = \$ _____

Calf Ranches/Dairy heifer facilities: Number of calves _____ x 50¢ = \$ _____

(Minimum contribution is \$120 per year.)

The portion of dues not directly allocable to lobbying expenditures is tax deductible for most members as an ordinary and necessary business expense. KLA dues are 92% deductible.

Please bill me (*check one*):

Monthly Quarterly Annually

Membership in the KLA Dairy Committee also will make the dairy eligible to apply for workers compensation insurance through KLA Risk Management Services, Inc, and for services offered on a “fee for service” basis from KLA Environmental Services, Inc.

_____	List additional employees and their e-mail addresses to receive communications from KLA:
Signature	
_____	Name: _____
Printed Name	
_____	e-mail: _____
Address	
_____	Name: _____
Phone/Fax	
_____	e-mail: _____
Mobile	
_____	Name: _____
e-mail address	
_____	e-mail: _____

Return completed form to Letty Meek at the KLA office via Fax: 785-273-3399 or mail: 6031 SW 37th St., Topeka, KS 66614