



## KLA Dairy Council – Membership Application

I, \_\_\_\_\_, representing \_\_\_\_\_,  
hereby agree to join the KLA Dairy Council 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 \$3.00 = \$ \_\_\_\_\_

Dairy heifer facilities: Number of heifers \_\_\_\_\_ x 50¢ = \$ \_\_\_\_\_

Dairy calf facilities: Number of calves \_\_\_\_\_ x \$1.00 = \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

List additional employees and their email addresses to receive communications from KLA:

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Farm/Business Name

email: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address

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

email: \_\_\_\_\_

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

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

email: \_\_\_\_\_

\_\_\_\_\_  
Office Phone/Fax

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email Address

*Return completed form to Letty Meek at the KLA office via email: letty@kla.org,  
fax: 785-273-3399 or mail: 6031 SW 37<sup>th</sup> St., Topeka, KS 66614*