



Strategic Investment Program Enrollment Form For Contract Grower or Employees

I understand that the Contribution will be used by NPPC and the Member State Association to fund their public policy advocacy and regulatory affairs programs for the pork industry.

PLEASE COMPLETE FULLY AND PRINT LEGIBLY:

Name of Farm: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Work Phone: _____ Home Phone (If Different): _____

E-mail Address: _____

Mark only one:

CONTRACT GROWER
.001 X _____ (gross contract revenue) = _____
(The minimum investment is \$100/year)

EMPLOYEE (\$100)

Authorized Signature: _____ Date: _____

Printed Name of Signer: _____ Title: _____

Return to:
National Pork Producers Council
PO Box 10383
Des Moines, IA 50306-9960