

Member Information *(Please do not omit any information):*

Member/Farm Name as listed at FSA Office:			Tax ID as listed at FSA Office:	Fax No:
Address:			Bus Phone No:	E-Mail:
City	St	Zip	Home Phone No:	
			Mobile Phone No:	

- Gin/Warehouse or specify by farm below: _____
- Provide Lien holder Name or enter by farm below: _____
- Do you plan to defer payments? _____ (By answering yes, we will send you a DEFERRED COMPENSATION AGREEMENT that must be signed AND SUBMITTED to Coop prior to ginning)

Farm Information Complete all information as listed at the FSA Office:

	USDA Loan Eligible Farm Serial No	County	State	Acres Planted	Shared Payee Information – ‘Must sign a Membership Application & Marketing Contract’ (Do not complete this section if farm is Cash Rent--we will not print the check)	
1.					Name: _____	
					Address: _____	
					City/St/Zip: _____	
					Telephone: _____	DeferPmt: _____
					Tax ID: _____	Share %: _____
	Lien Holder:				Lien Holder: _____	
2.					Name: _____	
					Address: _____	
					City/St/Zip: _____	
					Telephone: _____	DeferPmt: _____
					Tax ID: _____	Share %: _____
	Lien Holder:				Lien Holder: _____	
3.					Name: _____	
					Address: _____	
					City/St/Zip: _____	
					Phone No: _____	DeferPmt: _____
					Tax ID: _____	Share %: _____
	Lien Holder:				Lien Holder: _____	
4.					Name: _____	
					Address: _____	
					City/St/Zip: _____	
					Phone No: _____	DeferPmt: _____
					Tax ID: _____	Share %: _____
	Lien Holder:				Lien Holder: _____	
5.					Name: _____	
					Address: _____	
					City/St/Zip: _____	
					Phone No: _____	DeferPmt: _____
					Tax ID: _____	Share %: _____
	Lien Holder:				Lien Holder: _____	

Total Acres: _____

Date FSA Certification completed?
