



**ACTIVE MEMBERSHIP APPLICATION**

NORTHWOOD OFFICE CENTER • 2215 FOREST HILLS DRIVE • SUITE 39  
 HARRISBURG, PA 17112-1099 • (717)651-5920 • FAX (717)651-5926  
 pennag@pennag.com • www.pennag.com

FIRM NAME \_\_\_\_\_  PROPRIETORSHIP  PARTNERSHIP  
 CORPORATION  \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TOWNSHIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_  
 PRINCIPAL CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

Check box if interested in PennAg Insurance Group benefits and/or Worker's Compensation benefits. A representative will be in contact with you.

**SCHEDULE OF DUES**

Active Membership Dues - Circle the dues classification which properly reflects your total gross annual sales of agricultural commodities, machinery, equipment, buildings or services related thereto generated in or sold into Pennsylvania. *A dues invoice in that amount will be sent following applicant's Membership Approval by the Board of Directors.*

CLASS	SALES IN PENNSYLVANIA	DUES
7	Sales up to \$500,000	\$ 150
6	\$500,001 to \$1,000,000	225
5	\$1,000,001 to \$2,000,000	460
4	\$2,000,001 to \$3,000,000	650
3	\$3,000,001 to \$4,000,000	960
2	\$4,000,001 to \$5,000,000	1,380
1	\$5,000,001 to \$6,000,000	1,800+

*\$50 for each additional million sales, \$5,000 maximum*

**DUES PERIOD**

January 1<sup>st</sup> - June 30<sup>th</sup> *Full Dues* • July 1<sup>st</sup> - September 30<sup>th</sup> *Half Dues*  
 October 1<sup>st</sup> - December 31<sup>st</sup>

*Full dues for remainder of current calendar year and next year.*

**DIRECTORY DATA**

Indicate your business involvement by placing a mark on a line(s).

\_\_\_\_\_ AQUACULTURE \_\_\_\_\_ POULTRY  
 \_\_\_\_\_ CROP PROTECTION PRODUCTS  
 \_\_\_\_\_ DAIRY \_\_\_\_\_ SEED  
 \_\_\_\_\_ FEED \_\_\_\_\_ SWINE  
 \_\_\_\_\_ FERTILIZER \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
 \_\_\_\_\_ GRAIN / INGREDIENT SUPPLIER \_\_\_\_\_  
 \_\_\_\_\_ HORSE \_\_\_\_\_  
 \_\_\_\_\_ MANURE HAULER / APPLICATOR \_\_\_\_\_

Description of Your Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COUNCIL AFFILIATION**

Please select one or more councils: _____ AGRONOMIC PRODUCTS _____ AQUACULTURE _____ FEED, GRAIN & ALLIED INDUSTRY _____ HORSE _____ MANURE HAULERS / APPLICATORS _____ POULTRY _____ SEED _____ SWINE	List persons who wish to participate on council: Name: _____ Email: _____ Name: _____ Email: _____ Name: _____ Email: _____ Name: _____ Email: _____ Name: _____ Email: _____ Name: _____ Email: _____ Name: _____ Email: _____
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Members are encouraged to participate in all Councils of interest to their business.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_