



FARMERS' RICE COOPERATIVE

MEMBERSHIP QUESTIONNAIRE

Name of Producer: _____ Phone:() _____

Address: _____
Street City State Zip County

ASCS Identification # 94- _____ 68- _____ SS# _____

() Person () Corporation () Trust () Partnership (List Partners)

() New Member – New Acreage () New Member-Existing Acreage () Active Member-New Acreage

Year Membership to Take Effect 20 ____ Crop Year

County(s) Rice Produced In _____ ASCS Farm #: _____

Rice ASCS Base Acreage _____

Total Rice Acreage in Year Membership Takes Effect: _____

Producer's Present Marketing Affiliation: _____

Present Drying and Storage Arrangements: _____

Remarks: _____

FOR FRC USE

Directors Notified _____ District: _____

Date Membership Approved _____

FRC Member Number _____

Contract Dated _____