



FARMERS' RICE COOPERATIVE

MEMBERSHIP QUESTIONNAIRE

Name of Producer: _____

Address: _____

Home Phone: _____ Cell Phone _____

E-Mail: _____

FSA Identification: _____ 68- _____ SS# _____

() Person () Corporation () Trust () Partnership (list partners on line below)

List Partners

() New Member-New Acreage

(X) New Member-Existing Acreage formerly farmed by: _____

() Active Member-New Acreage acquired from: _____

Crop Year Membership to Take Effect: _____

FSA County: _____ FSA Farm number(s) _____

Total Acres _____

Previous Marketing Affiliation: _____

Drying & Storage arrangements: _____

Remarks _____

FOR FRC USE

Directors: _____

Date Approved: _____

FRC Member Number: _____

Contract Dated _____

Field Rep _____

District: _____