

Dairylea Membership Application

Serving members since 1907, Dairylea Cooperative Inc. is a farmer-owned agricultural marketing and service organization. Dairylea markets milk for more than 2,300 dairy farm families living throughout the Northeast.

It is our members that set Dairylea apart as a strong cooperative with a dynamic membership and long history. Dairylea works hard to meet the diverse and continuously changing needs of our membership. With over 100 years of service, Dairylea prides itself on its strong heritage, integrity, excellent service and, most importantly, loyal members.

I am **already a bonafide/dues paying member of Dairylea Cooperative** and am requesting my workers' compensation coverage be placed in the Dairylea Safety Group:

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|--------------------------|--------------------------|
| Applicant's name (print) | Business Name |
| Dairylea Membership# | Fein# or SS# of Business |

I am **NOT currently an active member of Dairylea Cooperative Inc.** This application constitutes my application for membership in Agri-Services Agency LLC which is a wholly owned subsidiary of Dairylea Cooperative Inc and hereby provides an Associate Membership in Dairylea providing eligibility to place my workers' compensation coverage with the Dairylea Safety Group through the New York State Insurance Fund.

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|--------------------------|---|
| Applicant's name (print) | Business Name |
| Mailing Address | Physical Street Address (if different) |
| Town/City, State, Zip | Business Phone# |
| | Email Address |

I agree to pay the annual dues of \$35.00 for my membership and am enclosing a check made payable to Agri-Services Agency in the amount of \$35.00. I understand that this fee does not include all membership services available, but will enable me to participate in the Safety Group program.

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|-----------------|------------------------------|
| Signature/Title | Fein# or SS of Business Name |
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