

2023 Producer Membership Form

To become a member of the WSPA please fill out the following information, include a check payable to WSPA for dues and mail to the address below. Each individual member/farm must complete the information below.

Name(s):	
Farm Name:	
Address:	
City:	_ State: Zip:
Phone ()	_
(*Communications from the WSPA are sent electronical	
Membership Dues:	rebsite address: ly, partnership or corporation actively engaged in the production of
show pigs and who reside in Wisconsin.)	
•	the right to use, publish, and copyright my image (including audio al programs, websites, and promotion of WSPA programs.
(Print member name)	
(Signature) Parent or guardian must sign if n	nember(s) are minors.
Send completed form and check payable to	WSPA to:

WSPA %: Megan Tibbits 1565 CR QQ Mineral Point, WI 53565