

**Minnesota Dairy Initiative  
Application**

**Owner Information**

**Farm Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Fax number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Farm Information**

**Size of Herd:** \_\_\_\_\_ **Number of Acres** \_\_\_\_\_ **County:** \_\_\_\_\_

**Why do you want to be a participant?** \_\_\_\_\_

\_\_\_\_\_

**Expectations: What do you hope to learn/accomplish?** \_\_\_\_\_

\_\_\_\_\_

**Please mail to:**  
**Minnesota Milk Producers Association**  
**413 S 28<sup>th</sup> Ave.**  
**Waite Park, MN 56387**  
**Phone: 877-577-0741**