

MEMBERSHIP APPLICATION

Return along with payment to:
Oklahoma Grain & Feed Association
2309 N 10th Street, Suite E
Enid OK 73701

Questions contact: 580-233-9516

Tammy@oklahomaag.org or Ashley@oklahomaag.org



INVESTMENT SCHEDULE

Investment based on total storage capacity of all Oklahoma facilities

Retired (include newsletter & member registration prices	\$ 85
Associate	475
Broker/Out of State Grain Firms (No capacity in Oklahoma)	660
0-499,999 total capacity	475
500,000-999,999 total capacity	660
1,000,000-1,999,999 total capacity	715
2,000,000-2,999,999 total capacity	840
3,000,000-3,999,999 total capacity	1200
4,000,000-4,999,999 total capacity	1450
5,000,000-9,999,999 total capacity	1550
10,000,000-14,999,999 total capacity	2265
15,000,000-19,999,999 total capacity	2620
20,000,000-29,999,999 total capacity	3225
30,000,000-39,999,999 total capacity	3805
40,000,000-49,999,999 total capacity	4435
50,000,000 & over total capacity	5150
Additional Assessment Per Location (includes newsletter)	250
Additional Assessment Per Harvest Only (no newsletter)	165

INVESTMENT SCHEDULE FOR FEED MILLS

Investment based on total tons manufactured in Oklahoma

0-24,999 tons manufactured	\$ 530
25,000-49,999 tons manufactured	715
50,000-74,999 tons manufactured	960
75,000 & over tons manufactured	1135

Example of membership investment calculation:

ABC Grain Company, Yourtown OK storage capacity of 250,000 bushels. Branch locations at Anytown, OK with storage capacity of 100,000 and Anywhere, OK with storage capacity of 200,000. Total firm storage capacity is 550,000 bushels.

<i>Total firm storage capacity of 550,000 bushels</i>	<i>\$ 660</i>
<i>Two branch location assessments @ \$225 each</i>	<i><u>500</u></i>
<i>Total membership investment</i>	<i>\$1160</i>

We estimate that 15% of your membership investment is not deductible for federal income tax purposes.

MEMBER CLASSIFICATION

☐ Associate

☐ Grain Firm

☐ Feed Mill

FIRM _____

MANAGER _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____

STORAGE CAPACITY _____

PHONE _____

EMAIL _____

Please use reverse side for additional locations

Please use for additional locations:

FIRM _____

MANAGER _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

COUNTY _____

STORAGE CAPACITY _____

PHONE _____

EMAIL _____

FIRM _____

MANAGER _____

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