

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

**Name:**

**Farm Name:**

**Address:**

**City:**

**State:**

**ZIP Code:**

**Phone:**

**Email Address:**

**PLEASE SUBMIT TO:**  
Dan Emmerich - GLAA Treasurer  
9357 Cty RD O  
Wausau WI 54401

**Submit \$50 made out to GLAA for your yearly membership.**