



## Strategic Investment Program Enrollment Form For Contract Grower or Employees

I understand that the Contribution will be used by NPPC and the Member State Association to fund their public policy advocacy and regulatory affairs programs for the pork industry.

PLEASE COMPLETE FULLY AND PRINT LEGIBLY:

Name of Farm: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone (If Different): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mark only one:

CONTRACT GROWER  
.001 X \_\_\_\_\_ (gross contract revenue) = \_\_\_\_\_  
(The minimum investment is \$100/year)

EMPLOYEE (\$100)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

**Return to:**  
**National Pork Producers Council**  
**PO Box 10383**  
**Des Moines, IA 50306-9960**