



Carolina Feed Industry Association

Membership Renewal Form & Application - Annual Dues Amount \$160

(Please print or type information legibly. Information provided on this form will be used for the CFIA Membership Directory.)

Type of Business _____

Company Name _____

Name: _____

Mailing Address:: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Company Name _____

Name: _____

Mailing Address:: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Company Name _____

Name: _____

Mailing Address:: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Company Name _____

Name: _____

Mailing Address:: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Company Name _____

Name: _____

Mailing Address:: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Method of Payments: Credit Cards or Check

Card Type:    Card # _____

3 digit code on back of card _____ Expiration date: _____

Name on Card _____

Mail to: CFIA, PO Box 58220, Raleigh, NC

Phone: 919-855-8981 Fax: 919-877-0940

www.carolinafeed.com