



Iowa Meat Processors Association

Kenneth and Marcia Richmann, Executive Directors
P.O. Box 334, Clarence, IA 52216 Phone: (563) 452-3329

You are invited to **Join/Renew** your membership in the Iowa Meat Processors Association (IMPA). IMPA would be pleased to have you as one of our members. We sincerely hope that your involvement with our Association will be/has been pleasant and beneficial to you.

Membership dues for 2017 are \$100.00. Payments for membership dues are deductible for most members as an ordinary business expense.

To Join/Renew your membership, complete this form and return it with your check to **Iowa Meat Processors Association, P.O. Box 334, Clarence, IA 52216. Your cancelled check and your copy of this invoice will serve as your receipt. In order that we may have correct mailing addresses, please complete the information using box number if you get your mail at your post office or use your street address if your mail is delivered to your business.** Thank you for your help and participation.

IOWA MEAT PROCESSORS ASSOCIATION 2017 DUES INVOICE

We would like to join/renew our membership in IMPA. Our check for \$100 is enclosed.

Your Name _____

Firm Name _____

Street Address or P.O. Box Number _____

City _____ State _____ Zip Code _____

Phone () _____ Fax: _____ e-mail _____

Type of business: (Check all that apply)	_____ Processor	_____ Supplier
Official Slaughter _____	Retail Meats _____	Seasonings & Curing _____
Custom Slaughter _____	Wholesale Meats _____	Ingredients _____
Official Processing _____	Canning Meats _____	Insurance Specialties _____
Custom Processing _____	Rent Lockers _____	Refrigeration _____
Manufacture Sausage _____	Catering _____	Lab Testing Services _____
Smoked Meats _____	Poultry Processing _____	Hotel/Restaurant Supply _____
Rendering _____	Deer Processing _____	New Equipment _____
BBQ Services _____	Process other game _____	Used Equipment _____
Organic Processing _____	Private Label Proc. _____	Maintenance Supplies _____
		Paper/Packaging _____
		Casings _____
		Pest Control _____
		Labeling _____

REMINDER: 2017 DUES SHOULD BE PAID BY JANUARY 1, 2017
Please complete this form so that we have accurate contact information and have information about your products and services. Thank You

Fax: (563) 452-2141

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