Bitterroot Stockgrowers Membership Application Form

Celebrating Montana's agricultural heritage with the support of the livestock industry through education, awareness, and promoting common business interests.

Personal Information:
Full Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Membership Category: (Please select one)
☐ Producer Member (Active livestock producers in Montana)
☐ Associate Member (Supporters and enthusiasts of Montana's livestock industry)
☐ Youth Member (Individuals under 18 years of age)

Membership Information:
What is your involvement with the livestock industry?
☐ Owner
☐ Employee
☐ Enthusiast
☐ Student
Other: _____

Are you currently a member of any other agricultural or livestock organizations?
☐ Yes
☐ No
If yes, please list: _____

Please describe your interest in joining the Bitterroot Stockgrowers and how you hope to contribute to our mission:

Additional Information:
Would you like to be involved in committee work or volunteer opportunities?
☐ Yes
☐ No
If yes, what areas interest you? _____

Membership Agreement:
I, the undersigned, hereby apply for membership in the Bitterroot Stockgrowers. If accepted, I agree to abide by the organization's mission and support its endeavors to promote and educate on Montana's livestock industry. I commit to engaging with the community in ways that foster the growth and sustainability of our shared agricultural heritage.

Signature: _____ Date: _____

Payment Information:
Membership Dues: $_____ (Please contact the organization for current dues and payment instructions.)
Please submit this completed form along with the membership dues to the Bitterroot Stockgrowers.