The 2014 MEMBERSHIP DRIVE for the KENTUCKY POULTRY FEDERATION. We are YOUR organization and YOUR voice in Kentucky. The Kentucky Poultry Federation needs YOUR support and commitment to this organization as we enter this new year.

Membership dues are payable on a calendar year bases. On the back of this form is a membership application. Please pay your dues by May. The 2014 Membership Directory will be distributed in late June.

INSURANCE BENEFITS FROM AMERICAN INCOME LIFE INCLUDED:
- $2,000 Accidental Death & Dismemberment
- Partners Discount Card with will save you 20-60% on vision, hearing, chiropractic care, prescription drugs, and optional dental discounts available.

OTHER BENEFITS INCLUDED:
- CHEEPS & CHIRPS—a newsletter offered via e-mail. Please fill in your e-mail address on the back to start receiving.
- A lobbyist in Frankfort—a portion of your membership dues provide aggressive involvement in legislative action in regards to the security of our industry.
- Subscription to the POULTRY TIMES and THE FARMER’S PRIDE, THE SUNNYSIDE—the KPF newsletter.
- Environmental Awards—each year up to three producers are awarded the Kentucky Family Farm Environmental Excellence Award.
- Scholarship Fund—each year four students receive $1,000 scholarships each. Three of these scholarships are earmarked for a child or grandchild of a producer who is a member of the KPF.
2014 KENTUCKY POULTRY FEDERATION

MEMBERSHIP APPLICATION

APPLICATIONS ARE DUE May 2014

Please check your membership category, complete the information below and return with remittance.

<table>
<thead>
<tr>
<th>CATEGORY UNDERS CONSIDERATION</th>
<th>DUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>POULTRY CONTRACT GROWER/PRODUCER</td>
<td>30.00</td>
</tr>
<tr>
<td>FEED DEALER, DISTRIBUTOR &amp; MANUFACTURER</td>
<td>100.00</td>
</tr>
<tr>
<td>ALLIED FIRMS SUPPLYING PRODUCTS &amp;/OR SERVICE</td>
<td>100.00</td>
</tr>
<tr>
<td>FEDERAL &amp; STATE EMPLOYEES</td>
<td>15.00</td>
</tr>
</tbody>
</table>

PLEASE TYPE OR PRINT LEGIBLY:

NAME __________________________________________________________________________________

TITLE __________________________________________________________________________________

COMPANY NAME/FARM NAME _________________________________________________________

IF GROWER, WHAT COMPANY DO YOU GROW FOR ______________________________________

ADDRESS _______________________________________________________________________________

CITY ___________________________________________________ STATE _________ ZIP ____________

TELEPHONE (_____) ____________________ EXT _____ FAX NUMBER (_____) __________________

MOBILE PHONE (_____) __________________________________________________________________

E-MAIL ADDRESS _______________________________________________________________________

WEBPAGE ______________________________________________________________________________

CREDIT CARD PAYMENT:

Check the card that applies: _____ Master Card _____ Visa _____ Discover

Card Number ________________________________ Exp Date _____/_____

Please make check payable to Kentucky Poultry Federation.

MAIL YOUR APPLICATION AND PAYMENT TO:

KENTUCKY POULTRY FEDERATION ● P.O. BOX 71 ● Hardinsburg, KY 40143