



imppa.org

IMPPA

Indiana Meat Packers & Processors Association

2022 **PACKER** Membership Application

Company Representative: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email(s) _____

Annual Membership

Nature of your business: (mark all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Slaughter Livestock | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Custom Meat Processing |
| <input type="checkbox"/> Retail Meats | <input type="checkbox"/> Catering | <input type="checkbox"/> Process Wild Game |
| <input type="checkbox"/> Cure & Smoke Meat | <input type="checkbox"/> Other _____ | |

Topics of Interest: Please list any topic you would like to have addressed at future conventions.

Annual Membership Dues: \$125.00

Please enclose your check with this application, made payable to IMPPA.

Mail to:

Darla Kiesel
IMPPA
P.O. Box 186
Haubstadt, IN 47639

If you have any questions concerning membership please contact darla@dewigmeats.com or 812-768-6208

Thank you joining IMPPA. We will be in contact with you soon!