



Southeastern Grain & Feed Association

Membership Renewal Form - Annual Dues Amount \$250

Company Name _____

Contact Person _____

Address (Street & P.O. Box) _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Fax: _____ Email: _____

Website: _____

Grains Handled:

Barley Corn Grain Sorghum Oats Rye Soybeans Wheat Other

Licensed Storage Capacity

_____ Railroad _____ Track Capacity

Types of Operation (Please check appropriate one)

<input type="checkbox"/> Cash Commodity Broker	<input type="checkbox"/> Feed Manufacturer	<input type="checkbox"/> Seed Merchandiser
<input type="checkbox"/> Corn Milling	<input type="checkbox"/> Flour Milling	<input type="checkbox"/> Supply and or Service
<input type="checkbox"/> Corn Shelling	<input type="checkbox"/> Future Commodity Broker	<input type="checkbox"/> Soybean Processor
<input type="checkbox"/> Cottonseed Processor	<input type="checkbox"/> Grain Merchandiser	<input type="checkbox"/> Transportation Service
<input type="checkbox"/> Custom Feed Grinding	<input type="checkbox"/> Seed Cleaning	<input type="checkbox"/> Other _____

Transportation Services Listing \$15 (This section needs only to be complete only if you wish to be listed in the Transportation Section of the SEG&FA Directory).

Services offered:

Trucking Railroad Freight Consultant Transportation Leasing Other

State Licensed: (Truckers Only) _____

Type of Trucks: Hopper Bottoms Dumps Straight Bulk Feed

Do You Want Additional Mailing Service to Your Other Company Locations?




Membership in the Southeastern Grain & Feed Association is based on *one* mailing per firm to the prime contact named above. Additional mailings of the Association Newsletter will be sent to other individuals or locations based on cost of service. Branch managers, salesmen and other key individuals with either direct or associate member firms may receive the newsletter service and/or the annual trade directory for the following cost: _____ **Newsletter Service and Directory \$75**

Company Name _____

Address _____

Company Name _____

Address _____

Method of Payment: <input type="checkbox"/> Check or Credit Card:	Card Type: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
Card # _____	Expiration date _____
3 digit code on back of card _____	Name on Card _____

Mail to: SEGFA, PO Box 58220, Raleigh, NC 27658