



**APPLICATION FOR ACTIVE MEMBERSHIP**

The undersigned, a manufacturer and/or handler/packager of butter, hereby makes application for Active Membership in the American Butter Institute. It is understood that Active Membership (upon approval of this application) will entitle the undersigned to all usual privileges and services rendered by the Institute, including statistical and newsletters, other publications and information issued from time to time, and other services rendered to active members of the Institute.

**Applicant's Contact Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Is the above address a plant location?       Yes       No

If yes, name of plant or general manager \_\_\_\_\_

Does your company have other locations (whether manufacturing or otherwise)?

Yes       No.

If yes, how many? \_\_\_\_\_ Additional forms will be sent to obtain their address at a later date.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Additional Company Contacts (as desired)**

	<b>NAME</b>
President/CEO	_____
Communications	_____
Communications/PR	_____
Distribution	_____
Finance/Accounting	_____
Foodservice	_____
Human Resources	_____
Marketing	_____
Production	_____
Purchasing	_____
QA/R&D	_____
Sales	_____
Others	_____

**Please indicate below the product(s) manufactured/handled by your company. Check all that apply.**

**Products Manufactured**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bulk butter    | <input type="checkbox"/> flavored butter      | <input type="checkbox"/> blends                     |
| <input type="checkbox"/> Butter oil     | <input type="checkbox"/> reduced butter       | <input type="checkbox"/> chips                      |
| <input type="checkbox"/> Prints         | <input type="checkbox"/> anhydrous milkfat    | <input type="checkbox"/> other, please specify_____ |
| <input type="checkbox"/> Whipped butter | <input type="checkbox"/> concentrated milkfat | <input type="checkbox"/> Unsalted butter            |
| <input type="checkbox"/> 82% butter     |   |   |

**Products Handled**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bulk butter    | <input type="checkbox"/> flavored butter      | <input type="checkbox"/> blends                     |
| <input type="checkbox"/> Butter oil     | <input type="checkbox"/> reduced butter       | <input type="checkbox"/> chips                      |
| <input type="checkbox"/> Prints         | <input type="checkbox"/> anhydrous milkfat    | <input type="checkbox"/> other, please specify_____ |
| <input type="checkbox"/> Whipped butter | <input type="checkbox"/> concentrated milkfat | <input type="checkbox"/> Unsalted butter            |
| <input type="checkbox"/> 82% butter     |   |   |

**Butter Operations**

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> manufacture | <input type="checkbox"/> process/package | <input type="checkbox"/> distribute |
|--------------------------------------|--|-------------------------------------|