



Calumet County Ag
Stewardship Alliance

General Membership Application – Dues \$100

Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____ Cell: _____

Farm Type: (If applicable) Dairy Beef Crop Swine Other

Farm Size: _____ (#) Head _____ (#) Acres

Acres enrolled in Nutrient Management Plan: _____

If more than one person from farm wishes to receive communication, please list additional contact below.

Name: _____

Farm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Signature _____ Date: _____

Referral of someone interested in learning more about CCASA: _____

Membership forms and checks made payable to CCASA can be mailed to:

CCASA c/o John Schwarz
W3778 Hickory Hills Rd
Chilton, WI 53014