



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 Barbara Fett  
N5634 Lakeshore Drive  
Hilbert, WI 54129