

Subscribe to



Standard Submission Form

Use this form if you have difficulty with the electronic submission form or prefer to fill it out manually and mail it in.

Please print out the form completely, and make sure the appropriate Business/Occupation box is checked. If you are a dairyman, please provide the number and kind of livestock. If you grow feed crops, please list the acreage for each type.

The date must also be filled in and the form must be signed. Once filled out mail to California Dairy, PO Box 626, Clovis CA, 93613-0626 or fax it in to 559-323-6016



P.O. Box 626 • Clovis, CA 93613-0626

Return Service Requested

Free Subscription!

New

Renewal

Change of Address

FARM / COMPANY: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: _____

SHOP PHONE: _____ FAX: _____

E-MAIL _____

Check Business/Occupation:

Dairy Feed Grower Tester Veterinarian Research/Gov./Ed.

Assn./Comm. Supplier/Mfg./Svc. Ad Agency Other: _____

Herd Size: Cows _____ Goats _____ Grade A

Acreage Totals: Corn Acres _____ / Alfalfa Acres _____ / Grade B

Please Continue to Send California Dairy

SIGN: _____ DATE: _____

Please Mail to: California Dairy / P.O. Box 626 / Clovis, CA 93613-0626

559-298-6675 / FAX 559-323-6016

Cards not signed and dated will not be processed