



Board of Milk Control Producer Committee Application Form

Applicant name	Phone no.	Fax no.
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Mailing address

City, state, and ZIP code	E-mail address
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Dairy business name	Pool plant shipped to: <div style="display: flex; justify-content: space-around; font-size: small;"> Darigold - Bozeman Meadow Gold - Great Falls </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Meadow Gold - Billings </div>
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Current member of committee? (Yes/No) <div style="display: flex; justify-content: space-between; font-size: x-small;"> Yes No </div>	Dates served
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Prior member of committee? (Yes/No) <div style="display: flex; justify-content: space-between; font-size: x-small;"> Yes No </div>	Dates served
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Why do you want to serve on the committee?

Would you be willing to serve as committee chair? (Yes/No)

Yes
No

Applicant signature	Date
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Mail, Fax, or E-mail Application to:
 Board of Milk Control
 PO Box 202003
 Helena, MT 59620-2003
 Fax No: (406) 444-1432
 E-mail: LIVMilkControl@mt.gov

For Board of Milk Control Use:

Appointed? (Yes/No) _____

Term Start Date _____

Pool Plant _____

Board Chair Approval _____

Approval Date _____