

PIPA AGREEMENT

(Name of Feeder Association)

Address: _____

Phone: _____ Fax: _____

I, _____ give my full consent to the
_____ to gather and release my personal

(Name of Feeder Association)

information to and from the following people, organizations and businesses.

- Directors and staff of the _____
(Name of Feeder Association)
- The _____ Auditor and his employees
(Name of Feeder association)
- Auction Markets when a purchase order is required
- Brand Inspectors
- The _____ insurance
(Name of Feeder Association)
company, financial Institution, and legal counsel
- Livestock trucking companies
- Where and when required by the Association's rules, regulations and by-laws and when required by law in general.

Add your list here (using full legal names);

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MEMBER (pleas sign)

Date

RETURN THIS FORM TO THE _____ OFFICE
(Name of Feeder Association)