

RETURN DEADLINE MARCH 1, 2019

MAILING LIST UPDATE!

In order to keep our records up-to-date, we are asking you to complete the form below and return it to the MSU Extension Office. We have added the Freedom of Information Act Statement for anyone who would like their name and address protected from being distributed to anyone requesting our mailing list under the Freedom of Information Act. By re-folding the form and affixing the proper postage you can simply drop it in the mail. We have provided the return address on the outside. Thank you for your time and cooperation.

Name _____ Phone number () _____

Company Name _____ County _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Email address _____

Please mark one of the following: YES, please keep my name on the mailing list to received the **Extension News**
 NO, please remove my name

Please indicate your agriculture connection: Grower _____ Ag Support Person _____

Please indicate any agriculture related businesses: Farm Market Packing Shed
 Food Processor Consultant

Areas of Interest: Please mark all areas of interest:

Fruit:

- Apples
- Apricots
- Blackberries
- Blueberries
- Cherries
- Cranberries
- Grapes
- Peaches
- Pears
- Plums
- Raspberries
- Strawberries

Vegetable:

- Asparagus
- Asparagus Crowns
- Carrots
- Cole Crops
- Melons
- Peppers
- Pickles
- Potatoes
- Pumpkins
- Root Crops
- Snap Beans
- Squash
- Sweet Corn
- Zucchini

Field Crops:

- Corn – Grain
- Corn
- Dry Beans
- Hay/Pasture
- No-Till
- Oats
- Rye
- Sugar Beets
- Soybeans
- Wheat

Animal:

- Beef (cow-calf)
- Beef (feed-lot)
- Dairy
- Goats
- Horses
- Poultry
- Sheep
- Swine

Forestry:

- Forestry
- Christmas Trees

Nursery:

- Greenhouse
- Landscaping
- Nursery

Other:

- Hops
- Organic

Interest not listed: _____

FREEDOM OF INFORMATION ACT WAIVER

I am providing you with my mailing address so that I may receive Oceana County MSU Extension mailings only. I do not want my address released to any other party.

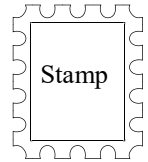
I understand that I may cancel this restriction at any time by writing the Oceana County MSU Extension.

Signature _____ Date _____

Signature of Parent (if 4-Her) _____ Date _____

**Return to: Oceana MSU Extension * 844 S. Griswold St. Ste 400 * Hart, MI 49420
or fax: 231-873-3710**

FOLD LINE



Oceana MSU Extension
844 S. Griswold St. Ste 400
Hart, MI 49420

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