

Last Name: _____ First Name: _____ Member #: _____



Membership Application

NAME	ADDRESS
EMAIL	PHONE

Membership Level: Circle One

BASIC	FOUNDING	OTHER:
\$500	\$2000	

Committee Participation / Area of Interest, Check One or More:

Political Action	
Education	
Seed Bank	
SunGrown Certification and Branding	
Mentoring / On-Site Training	
Co-Operative Purchasing	
Grower to Patient Networking	
Labor Access	
Event Planning & Fundraising	
Environmental Impact Research	

For office use only:

DATE	AMOUNT	INITIAL	TOTAL