ROCKINGHAM COUNTY LOCAL FOODS COALITION
2010 MEMBERSHIP APPLICATION

Name____________________ Date______________

membership classification:  Regular ($25) _____ ;  Corporate ($100) _____  
Associate (Supporting Agency Representative) _____

e-mail__________________________________________

address________________________________________

phone(s)_______________________________________

I am specifically interested in the following issues or projects:

  ____ 1. Agritourism

  ____ 2. Education

  ____ 3. Value – Added

  ____ 4. Growing / Producing – (See The Reverse Side)

  ____ 5. Purchasing Local Produce

  ____ 6. Other

Other comments:
If you are a producer interested in our local foods distribution project, please provide the following information.

1. I am specifically interested in raising/selling the following agricultural products:
   1. 
   2. 
   3. 
   4. 

2. When will your first crops (products) be available:

3. What quantity do you plan to have available?

4. Do you plan to follow “best agricultural practices” while raising your products?

5. I am willing for the appropriate Local Foods Coalition representative to visit my farm for verification purposes?

6. I am willing to adhere to recommended quality and packaging standards of the Local Foods Coalition?

Note: Plans are being made for the Local Foods Coalition distribution project to be operative in March, 2010.