



MEMBERSHIP FORM

NAME/ FARM NAME/ BUSINESS NAME

STREET ADDRESS

MAILING ADDRESS

WEBSITE (IF APPLICABLE)

E-MAIL ADDRESS

PHONE NUMBER

INDIVIDUAL CONTACT NAME(S)

PLEASE CHECK TYPE OF MEMBERSHIP:

BUSINESS MEMBER* MEMBER SUPPORTER

* Business members, please provide a brief description of your farm or other business for our website. Let us know your retail outlets and other target markets.

* Business members, please make your check for \$150.00 payable to **Amagansett Food Institute.**