

ORGANIC FERTILIZER ASSOCIATION OF CALIFORNIA

MEMBERSHIP APPLICATION

| The following firm/individual make Association of California and agrees the amount of \$ for one | s to abide by its I | Bylaws. Memb | pership dues are enclosed | |
|--|----------------------|------------------|---------------------------|------|
| Firm Name | | | | _ |
| Contact Person | | | | |
| Mailing Address | | | | |
| City | State | Zip | | |
| Phone_ | | | | |
| Email | | | | |
| Membership Categories (check cate | gory that applies |): | | |
| Active Voting Member – An consultancy, producer, manufacture the USDA National Organic Program | r, distributor, or 1 | retailer of orga | | эу |
| Associate Non-Voting Membrurposes of the association and does | | | | ear. |
| Individuals - \$75 | | | | |
| Government/Education – free | e. | | | |
| By signing this form you consent to This includes emails and billing. Ple communications. | | | | C. |
| Signature of Representative | | | Date | |
| Printed Name of Representative | | | | |
| Please mail the completed form to F organicfertilizerassociation@gmail. | | odland, CA 95 | 695 or email to | |