



## SAAFON Caribbean Initiative Membership Application

Name(s): \_\_\_\_\_

Farm/Coop: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Farm/Coop: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this a family-owned farm?:  Yes or  No      If yes, for how long?: \_\_\_\_\_  
If this is a coop, how many are in your coop? \_\_\_\_\_

Are you a:  
 Rural Farm      or       Urban Farm

Farm Type:  
 USDA Certified Organic  
 Transitioning to Organic  
 Certified Naturally Grown

Total Farm Acreage: \_\_\_\_\_

Farm Acreage in Production: \_\_\_\_\_

Where on the island is your farm?  Flatland  Hills  Mountains

What are you growing?:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your water supply?  Rain  Well  Shipped in  Tap

Animal Production?:  
 Yes or  No  
If Yes, what animal(s)?:

\_\_\_\_\_

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**For Further Information:**

P.O. Box 456, Savannah, GA 31402 | 912-495-0591 | infoSAAFON@comcast.net

Where do you sell your produce/livestock?: (check all that apply)

- Farmers Market    CSA    Restaurant    Grocery Store  
 Other \_\_\_\_\_ (please list)

Are you supplying produce/meats to other islands? If so, which islands? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Annual Revenues:

- Less than \$15,000    \$15,00-\$25,000    \$25,000-\$50,000+

Are you a full-time farmer?:  Part-time    Full-time

As a farmer, what are your biggest challenges?

1.

2.

3.

How can SAAFON assist you in dealing with these challenges?:

1.

2.

3.

Is this a women-owned and/or operated farm?  Yes or  No

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Race (*for SAAFON's statistical purposes only*):

- African-American  
 Native American  
 African Diaspora (Caribbean, Africa, South America, Central America)  
 Hispanic  
 Asian/Pacific Islander  
 Caucasian  
 Other \_\_\_\_\_

Age Range(s):

- 18-24    25-35    36-45    46-55    56-65    66-75    Over 75

Please include three farm/personal references:

1. Full Name: \_\_\_\_\_

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Relationship to Farm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Relationship to Farm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Relationship to Farm: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize SAAFON to verify farm type and production type by contacting the references listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(If you do not have an electronic signature, please type in full name.)*

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