



Network 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: _____

What are you growing?:

Animal Production?:

Yes or No

If Yes, what animal(s)?:

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

Farmers Market CSA Restaurant Grocery Store

Other _____ (please list)

Annual Revenues:

For Further Information:

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

Less than \$50,000 \$50,00-\$100,000 \$100,000-\$250,000+

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

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: _____

Relationship to Farm: _____

Contact Phone: _____

Email Address: _____

2. Full Name: _____

Relationship to Farm: _____

Contact Phone: _____

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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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