



FOOD PRODUCERS of IDAHO

2010 Membership Application

(membership year January 1–December 31)

Please indicate your membership level and complete the information below accordingly.

- \$600 Organizational Member – with voting privileges – **Two* (2) representatives on mailing list**
[*Five (5) reps may receive mailings if deemed necessary]
- \$200 Organizational Affiliate Member – without voting privileges – **Two (2) representatives on mailing list**
- \$ 50 Individual Affiliate Member – **One (1) representative on mailing list**

Note: Hard copy, if desired, of Food Producers minutes and other materials will be sent to **two (2) representatives**. All other representatives listed will receive information via e-mail.

Organization Name _____ Phone _____
Contact Person _____ e-mail _____

➤ **Please indicate how you prefer to receive Food Producers mailings:** Regular mail E-mail

Complete Mailing Address _____
City/State/Zip _____ Fax # _____

Contact Person _____ Phone _____
e-mail _____

➤ **Please indicate how you prefer to receive Food Producers mailings:** Regular mail E-mail

Complete Mailing Address _____
City/State/Zip _____ Fax # _____

Contact Person _____ Phone _____
e-mail _____

Contact Person _____ Phone _____
e-mail _____

Contact Person _____ Phone _____
e-mail _____

Please return this form and your check made payable to:

Food Producers of Idaho
55 SW 5th Avenue, Suite 100
Meridian ID 83642

FOR OFFICE USE	
Date	_____
Ck #	_____
Amt	_____