



# FOOD PRODUCERS of IDAHO

## 2011 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	_____