



# MEMBERSHIP FORM 2018-2019

## ASSOCIATE MEMBERSHIP

Name \_\_\_\_\_

Business/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Website \_\_\_\_\_

Office Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

\$50 Non-Farm Associate Membership

### ASSOCIATE MEMBER SURVEY

**PLEASE** take the time to fill out this survey. All information will be kept anonymous. NO personal or business information will be shared.

#### TYPE of BUSINESS/ORGANIZATION

Government

State \_\_\_\_\_

Federal \_\_\_\_\_

Other \_\_\_\_\_

For-profit

Product/Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-profit

Product/Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for joining

\_\_\_\_\_ Want to support RIRLA

\_\_\_\_\_ Market business/services/organization to RIRLA members

\_\_\_\_\_ Want more information/increased access to member products (meat)

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## LIST YOUR BUSINESS/ORGANIZATION !!

If you would like to be listed in a resource guide available to our members, please fill out the information below. Thank you for your interest in and support of the RI Raised Livestock Association.

Business/Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Office Ph. \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Product/Service Offered \_\_\_\_\_

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

Product/Service Desired \_\_\_\_\_

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

Dates of Operation (e.g. May – September) \_\_\_\_\_

Days of Week/Hours of Operation \_\_\_\_\_