



MEMBERSHIP FORM 2017-2018

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 _____