

BAYFIELD REGIONAL FOOD PRODUCERS COOPERATIVE
Bayfield Foods Supporter Application Form

Applicant Information:

First Name: _____ Last Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Please tell us what you like about Bayfield Foods and why you'd like to be a Supporter:

Would you like to join the Bayfield Foods Tasting Team? (check if Yes)

(Tasting Team Members receive periodic product samples and recipes to try out and provide feedback to the Bayfield Foods Producer-Members.)

Yes

Would you be interested in lending your skills, knowledge, or services to help Bayfield Foods and our local food system grow? If so, please circle the areas below you are most qualified to help with:

Cooperative Development Brand Development Web Design Social Media

Fundraising/Capitalization Financial Management Customer Service

Other (describe): _____

Applicant Statement

As a Bayfield Foods Supporter I agree to pay a one-time fee of \$200. Bayfield Foods will provide Supporters with product discounts and other benefits as determined by the Bayfield Foods Board of Directors and as specified in written or electronic information presented to the Supporters. I also understand the one-time fee is non-refundable.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Please make checks payable to "Bayfield Regional Food Producers Cooperative" and send to PO Box 412, Washburn, WI 54891.