

Michigan Organic Food & Farm Alliance

MEMBERSHIP FORM



All MOFFA members receive: (1) our newsletter: *Michigan Organic Connections*, (2) notice of meetings, programs and related events, (3) discounts on publications and events and (5) our monthly newsgroup

Your Information:

Mr. Ms. Mrs. Dr. Other: _____

Name/s: _____

Title: _____

Organization: _____

Address: _____

City: _____ ST _____ ZIP _____

Phone: _____

Email: _____

Web: _____

Register online at www.moffa.org or send payment with form.

Volunteer & Newsgroup:

Volunteer:

I want to volunteer with MOFFA

I would like to receive policy action alerts

Newsgroup:

Sign me up for the MOFFA newsgroup (Requires valid email address)

I'm already subscribed

Membership Type

Please make check payable to:
"MOFFA"

\$20 Student

\$30 Individual/Family

\$50 Business/Organization
\$50,000/yr or less

\$100 Business/Organization over
\$50,000/yr

\$500 Lifetime Individual/Family
Membership

Additional Donation

\$25 \$50 \$75 \$100

\$Other \$ _____

Membership Amount: \$ _____

Additional Donation: \$ _____

Total Enclosed: \$ _____

RETURN TO:

MOFFA

P.O. Box 26102

Lansing MI 48909-6102

Businesses & Organizations (Please Check all that Apply)

Grower (Certified Organic) Yes No Retailer Wholesaler Processor

Consultant Other Business: _____

Food/Farm Related Nonprofit Other Nonprofit: _____

Additional Information:

Email: moffaorganic@gmail.com

Web: www.moffa.org

Phone: (248) 262-6826

Return Form and Payment to:

MOFFA Membership

MOFFA

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