

SAFF APPLICATION FOR FARMING MEMBERS

APPLICANT INFORMATION

Farm Name:		
Type of Farm:	FSA Farm #	Phone:
Farm address:		County:
City:	State:	ZIP Code:
URL:		
Description of Farm:		
Directions:		
Own Lease <i>(Please circle)</i>	Acreage:	How long?
Family involved in _____ % of the daily operation?		Hours of Operation:

FARMER/CONTACT INFORMATION

Name:		
Mailing address:		How long?
City:	State:	Zip Code:
Contact Phone:	Mobile:	Fax:
What is the best way to contact you?		
Email:		

PRODUCTION OF FARM

Production type:	Acres in production:	Annual yield:

Other Farm Activities:

AREAS OF INTEREST OR SKILLS YOU HAVE, WHICH YOU ARE WILLING TO SHARE WITH SAFF

Committees: Yes No <i>(circle one)</i>	Services (ex. Accounting, marketing)
Skills: (ex. Teaching classes)	Other:

SIGNATURES

I verify the information provided on this form is correct and realize as a member I will have access to SAFF's resources and will help provide services among the group to further SAFF's mission.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: