

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>	Acres:	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: