



## Membership Form

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

ZIP \_\_\_\_\_

### How do you describe yourself?

- Farmer       Wholesaler       Retailer       Processor       Handler  
 Educator       Researcher       Consumer       Advocate

Other: \_\_\_\_\_

### Membership Fee

Annual dues for your individual membership are \$50.00.

Make checks payable to **Iowa Organic Association** and mail this completed form and your membership fees to:

**Iowa Organic Association**

**P.O. Box 230**

**Harlan, IA 51537**

**Questions?** Call (712) 235-3301 or send email to [info@iowaorganic.org](mailto:info@iowaorganic.org)

### For Office Use

Membership Number: \_\_\_\_\_

Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_