



## Alliance of Maine Food Producers Membership Application

### Primary Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Association Information

Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number of members: \_\_\_\_\_

Number of members who are primarily producers: \_\_\_\_\_

Does the organization host at least one promotional or educational event annually that is open to the public?

Yes       No

If yes, please briefly describe the event:

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Signature of authorized  
association representative: \_\_\_\_\_

*By signing and submitting this application, the applying association hereby grants permission to the Maine Tasting Center and the Alliance of Maine Food Producers to use the association name and approved logos and images in their marketing programs.*

**Please return completed form to:**

sara@mainetastingcenter.com OR

Maine Tasting Center, 506 Old Bath Road, Wiscasset, ME 04578