



## **HERITAGE FARM COOPERATIVE**

E WA.:P.O.Box 685, Toppenish, WA. 98948, Ph.: (509) 388 1848  
W WA: 902 4<sup>th</sup> St.,SW suite B2 Auburn WA., 98001, Ph.: (253) 333 0368,  
TTY/TDD 1(800) 833 6388/711, Fax (253) 333 5006  
[www.agrofuel.org](http://www.agrofuel.org), e-mail [info@agrofuel.org](mailto:info@agrofuel.org)

### **Affiliate Membership Application Form**

I hereby apply for a affiliate membership in the Heritage Farm Cooperative, hereinafter referred to as the Cooperative.

I hereby certify that I am a small, socially-disadvantaged agricultural producer (farmer, rancher, logger, agricultural harvester or fishermen) or a 100 percent socially-disadvantaged producer-owned entity, and that the averaged annual gross sales of agricultural products in the last 3 years have averaged less than \$ 250,000.

I would like to benefit from technical assistance provided by Heritage Farm Cooperative, and I will substantially support Heritage Farm Cooperative efforts for farm production and distribution of biofuels, bio-lubricants, animal feeds and high quality cooking oils.

By submitting my name and address (e-mail, phone) to the Cooperative, I understand that the Cooperative agrees to use my name and address only for official notices of cooperative business (such as meeting announcements, financial statements, and patronage credits), and for replies to messages that I've posted to the Cooperative. In turn, I agree to use the Cooperative's address (e-mail, phone) only for necessary communications with the Cooperative.

I understood that other family members or dependents (including those of the joint member) are authorized to purchase goods through this membership.

I understood that regular membership status is dependent on separate application and approval process and it is contingent of agreement to the terms and conditions of membership as established in the bylaws of the Cooperative (copy of the bylaws will be provided upon written request).

I understood that Affiliate Membership in the cooperative is contingent upon approval by the cooperative board of directors.

I understand that I will no longer be eligible for cooperative affiliated membership if I do not meet the above membership qualifications.

I have read, understand and agree to the above affiliate membership requirements for the Heritage Farm Cooperative.

Signature:

Title:

Phone:

Print name:

Date:

E-mail:

*Heritage Farm Cooperative is an Equal Opportunity Employer and Service Provider, (Se habla Espanol)*