**Central Plains Organic Farmers Association**

**349 Arrowhead Rd.**

**Bremen, Kansas 66412**

**785/767-4411**

**MEMBERSHIP APPLICATION**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grower Member: $75.00 yr. \_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participating Member: $30.00 yr. \_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

Check all items that apply (both certified organic farmers and those planning or transitioning to organic are eligible for grower membership).

**\_\_\_\_ I am a certified organic farmer**. \_\_\_Some or \_\_\_all of my acreage is certified.

Total certified organic acreage and crops typically produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year initially certified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organic Certification Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification agency member # or producer #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_ I am not yet a certified organic farmer**, but I am in transition (or planning the transition) toward organic certification.

Acreage and crops in transition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First year of expected certification: \_\_\_\_\_\_\_\_\_\_ Organic certification agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief description of your farm (organic or transitioning), describing its size, crops, livestock and your management philosophy?

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\_\_\_\_ **Participating Member:** I am not a farmer but I wish to support organic agriculture and the work of Central Plains Organic Farmers by joining as a participating member.

I have accurately stated the information above. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Also complete reverse side)

Return to: Central Plains Organic Farmers Assn. Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 349 Arrowhead Rd.

 Bremen, KS 66428 Board Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 785/767-4411

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**Central Plains Organic Farmers Association**

**Consent and Certification of Taxpayer I.D. Number**

 The undersigned /Patron hereby applies for Grower Membership \_\_\_\_, or a nonvoting Participating Membership \_\_\_ in Central Plains Organic Farmers Association, and agrees to comply with the Bylaws of this association.

 Patron is \_\_\_\_, is not \_\_\_\_, a producer of certified organic agricultural products or is actively seeking certification of such production. (Voting membership requires the applicant to be a producer of certified organic agricultural products or is actively seeking certified organic status of his/her agricultural production.)

 The undersigned/Patron of the Co-op hereby consents to include in Patron’s gross taxable income the stated dollar amount of any distribution with respect to patronage which are made in qualified written notices of allocation and which are in the manner provided in 26 U.S.C. 1385(a). Patron hereby consents and agrees to treat the stated dollar amount of all per unit retain certificates received by the Patron in connection with products marketed through the Co-op as representing cash distribution which the Patron has constructively received and which has been reinvested in the Co-op. This consent is REVOCABLE pursuant to the EXPLANATION below.

 Patron hereby acknowledges receipt of a copy of the Co-ops Bylaws and further acknowledges receipt of a copy of Co-ops credit policy and hereby agrees to adhere to the provisions and limitations as set forth in said Bylaws and Credit Policy, and any amendments thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patron’s Name Taxpayer I.D. No., SSN or EIN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Title/Position) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Title/Position) Date

1. Please designate the applicant as one of the following: Individual \_\_\_, Partnership \_\_\_, Corporation \_\_\_

 Trust \_\_\_, Limited Liability Company \_\_\_, Other \_\_\_.

2. Birth date of applicant, trustor, or oldest principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If partnership, all partners sign, If Corporation, President and Secretary sign.

 The foregoing consent is revocable by the member in a writing received by the Co-op, PROVIDED HOWEVER, that such revocation is effective with respect to patronage occurring after the close of the Co-op’s fiscal year during which said written revocation is received. THE PRTRON’S/MEMBER’S CONSENT IS REQUIRED FOR THE CO-OP TO RECEIVE AN INCOME TAX DEDUCTION FOR ITS PATRONAGE ALLOCATIONS, pursuant to subchapter T of the Internal Revenue Code, 26 USC, Sections 1381 through 1388. By signing said consent, the Patron agrees to include the total amount of any patronage allocation or dividend (not just the cash portion thereof) in Patron’s gross taxable income in the year during which qualified written notice of allocation is received. While you are required to sign the foregoing consent, it relates to Patron only to the extent that Patron’s purchases from the Co-op, or sales to the Co-op, are related to Patron’s taxable income

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