



Membership Form

Thank you for your interesting in becoming a general member of the Macomb Food Collaborative! Please complete our Membership Application Form and return via mail or email. Should you have any questions, please visit our website at www.macombfood.org or via email at info@macombfood.org

Membership is attached to the individual, not the organization. A member must attend at least one meeting per year to maintain membership.

Name: _____

Job Title: _____

Organizational Affiliation: _____

Address: _____

City/Postal Code: _____

Telephone: _____

Email Address: _____

Other Relevant Information: _____

The Macomb Food Collaborative strives to have members that represent the full range of food system sectors. I represent: (check all that apply)

- Food Growing Eating (Consumer) Distributing
 Processing Preparing Retailing
 Other: _____

We will contact you within 5-10 business days to confirm acceptance, or to follow up with any questions necessary to validate your membership.

21885 Dunham Rd, Ste 6 • Clinton Twp, MI 48036

www.macombfood.org