



Annual Membership Application

All information you provide will be held confidential and used only for internal projects and communications of the Milwaukee Food Council.

Required Information – PLEASE PRINT CLEARLY ALL OF THE ITEMS BELOW

- Full Name _____
- Nickname / Preferred Name _____
- Birthdate – MM / DD / YYYY _____ / _____ / _____
Your birthdate is required to differentiate you from other individuals who have the same name.
- **EMAIL COMMUNICATIONS NOTICE:** Currently our method of communicating with members is via email, as written in our bylaws. Therefore, in order to be sure you receive all communications to members, you need to have an active email address which can receive emails from foodcouncilmke@gmail.com and member-info@milwaukeefoodcouncil.org. If you have no email capability, you are required to have another member copy you on member communications.

Email Address _____

- SECTOR REPRESENTATION – **CIRCLE ALL THAT APPLY** - Which do you primarily represent?

Farming	Non-Profits	I'm A Concerned Citizen	Academic & Education
Waste & Composting	Government	Faith-Based Organizations	Health Care & Wellness
Food Processing	Food Distribution	Restaurants & Food Service	Grocery & Markets

- INTERESTS – **CIRCLE YOUR TOP TWO PRIORITIES** - Please choose one or two you'd like to focus on the most.

Collective Impact	Equity and Justice	Food Culture
Sustainable Food Ecology	Vibrant Food Economy	Policy Change and Advocacy

- EXPERIENCE – **CIRCLE YOUR TOP TWO** – Indicate one or two you have the most experience in.

Collective Impact	Equity and Justice	Food Culture
Sustainable Food Ecology	Vibrant Food Economy	Policy Change and Advocacy

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Optional Information – PLEASE PRINT CLEARLY the below information, at your option.

- YES! Show my name on MFC public membership lists (note: only your name is shown) Initial here: _____
- Phone Number – Optional - (_____) _____ - _____
If you are unable to provide an email address, we highly suggest providing a phone number. We will not give out your phone number and only use it for Milwaukee Food Council internal communications.
- Organization Affiliation – Optional _____
Memberships are individual, however, we'd like to know what organization you usually represent, if any.
- Diversity Information – Optional - Please provide the following information in order to help the Milwaukee Food Council achieve membership diversity in the areas of location, gender, age and ethnicity.
 - Zip Code of Residence _____
 - Zip Code of Primary Workplace _____
 - Gender _____
 - Age Range – **CIRCLE ONE** – 18-29 30-39 40-49 50-59 60-69 70+
 - Ethnic Identity _____

REQUIRED – MEMBERSHIP DUES AND PAYMENT INFORMATION, SIGNATURE

Membership dues are USD \$ 25.00 per year. A paid membership gives you the ability to vote for the board of directors, vote on amendments to our bylaws and serve on the board of directors. Paid membership also provides base financial support for Milwaukee Food Council operations. Membership dues are NOT tax deductible.

Credit Card – If you'd like to pay dues by credit card, please use the membership form on our web site, which is located at: <http://milwaukeefoodcouncil.org/become-a-member> You will be emailed a receipt.

CASH - To pay by cash, please bring the cash along with a completed membership form to one of our bi-monthly meetings and hand it in to the treasurer or secretary before or after the meeting. You will be given a receipt.

Check or Money Order – To pay by check or money order, you may follow the instructions for payment by cash. Alternatively, you may send your completed membership form with payment to: Milwaukee Food Council Inc., P.O. Box 1443, Milwaukee, WI 53201. If you send in your payment and would like a receipt, please clearly print your complete address where a receipt should be mailed to: _____

I am 18 or older, and I understand my responsibilities as a member to pay dues and vote.

Signed: _____ **Date:** _____

Thank you for joining the Milwaukee Food Council!