

MEMBERSHIP APPLICATION

Please Note: This application does not constitute a contract and will be reviewed by management prior to approval.

| Name_ | | | | |
|--------|--|------------------------|----------------------|--|
| | anyName | | | |
| Addres | SS | | | |
| | | | | |
| Phone | <u></u> | | | |
| | e describe the products you plan to | | | |
| | e check all categories that apply to y | | produced at kitchen: | |
| 0 | | , ou, or your products | | |
| 0 | | s. etc.) | | |
| 0 | | | apple slices, etc.) | |
| 0 | | | | |

- Specialty food producer: canned/jarred product (salsas, sauces, dressings, pickles, jams, etc.)
- Specialty food producer: Refrigerated product (fresh salsa, dips, etc.) Herbal products for human consumption (teas, spice mixtures, etc.)
- Herbal products for topical use (salves, creams, sprays, etc.)
- Dried products (tomatoes, mushrooms, apples, soup or sauce/mole mixtures)
- o Other

Do any of your products require a Scheduled Process (acidified foods, such as pickles, relishes, chutneys, dressings, etc.)? Yes No Don't Know

If yes, do you already have your Scheduled Process? Yes No If yes, who prepared your process?

How did you hear about us? _____ Which plan would best fit your needs?

Please fill out the following form completely.

Member Package (24 hours 7 days a week)

□\$250/yr - \$20.00/hr (BRONZE) □\$350/yr - \$19.07/hr (SILVER) □\$450/yr - \$18.13/hr (Gold)

Each month a \$15.00 monthly maintenance fee will be assessed.

ONE TIME FEES

\$50.00 Application Fee
Membership waives Application Fee
\$25.00 Key Code or FAAB Deposit
Loss of key will be subject to additional fees.
\$100.00 Kitchen Deposit

Signature_____

_date_____