

Oregon Organic Hazelnut Cooperative

Membership Application

Please fill out the information below appropriate to whether you are a grower of hazelnuts or a non-grower.
Return this form and your membership dues check to: **OOHC, 1145 6th St., Springfield, OR 97477**

A. Grower Member Section:

Producer Name: _____

Producer Address: _____

Producer Phone: _____

Farm Business Name: _____

Farm Business Email: _____

<u>Parcel Name</u>	<u>Hazelnut Variety</u>	<u>Acres</u>	<u>Year Planted</u>	<u>Harvesting Nuts Yet?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of Organic Certification, or anticipated date: _____

Producer Signature: _____ **Date:** _____

B. Non-Grower Member Section:

Name: _____

Business Represented: _____

Business Address: _____

C. Membership Dues (\$250.00). Please make check out to: Oregon Organic Hazelnut Cooperative