



FINGER LAKES CHEESE ALLIANCE

ASSOCIATE MEMBERSHIP APPLICATION 2016

NAME OF BUSINESS: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS IF DIFFERENT: _____

PHONE NUMBER: ____ (____) _____

EMAIL ADDRESS: _____

WEBSITE: _____

FACEBOOK PAGE: _____

Contact Person (If different from Owner) _____

PLEASE TELL US SOMETHING ABOUT YOUR BUSINESS SO THAT WE CAN GET TO KNOW YOU BETTER (THIS IS WHAT WE WILL USE ON OUR WEBSITE AND FACEBOOK PAGE):

MEMBERSHIP AMOUNT: \$100 (Checks made payable to Finger Lakes Cheese Trail) Please mail check and your literature for display to: **Carmella Hoffman, Treasurer, 4970 County Rd. 14, Odessa, NY 14869**

MEMBERSHIP DATE: (DATE YOU MAIL THE CHECK) _____

YOUR MEMBERSHIP IS GOOD FOR ONE (1) YEAR FROM THE DATE OF MEMBERSHIP.

Thank you for your interest in joining the Finger Lakes Cheese Alliance as an Associate Member. We look forward to working with you throughout the year. You will receive your Associate Member Certificate in the mail shortly (if you were not given one in person). Please display it proudly!