

OFAC Producer Membership Application

By submitting this application, I affirm that all statements made about my farm and products in this application are true, correct, and complete. I have given a truthful representation of my operation, practices, and origin of products. I understand that if questions arise about my operation, I may be inspected (unannounced) by a designated representative from the Ozark Farmers Agricultural Cooperative. If I state that my operation is organic/CNG, then I am complying with the National Organic or Certified Naturally Grown program and will provide upon request a copy of my certification. I have read all of the Ozark Farmers Agriculture Cooperative producer standards and fully understand and am willing to comply with them. Membership will be complete after payment is received.

* Required

Email address * _____

Owner / Representative Name * _____

Business Name * _____

Address * _____

City * _____ State * _____ Zip * _____

Phone Number * __ (____) _____

Fax Number __ (____) _____

Email * _____

Website _____

List what you intend to sell through OFAC. *

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Describe your production practice. *

Discuss your pest and disease management system. *

Section II – Organic/Certified Naturally Grown (CNG) producers only

List all products you intend to sell through OFAC as Organic/CNG.

List certifying agent(s) name, address, phone number and fax number.

Do you have available for view a copy of your current Organic/CNG certification(s)?

Yes

No

Signature * _____ Date _____