|  |  |  |  |
| --- | --- | --- | --- |
| Full Name Printed: |  | | |
| NC City & County: |  | | |
| Contact Number: |  |  |
| Email Address: |  | | |
|  | | | |

What knowledge and experience do you have with local food production?

How will you be able to help us grow this platform to benefit communities across North Carolina?

Are you able to contribute constructively while focused on our goals and without prejudice of politics, religion and ethnicity?

By signing you are confirming this information is correct and we have permission to contact you:

Board of Advisors or Affiliate?

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_