

**Expression of Interest in Membership – Food Policy Council for K.F.L.&A.**

First Name (or name known by) \_\_\_\_\_

Last Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please indicate your preferred method of contact:

Email    Cell Phone    Work Phone    Home Phone

Do you live in the KFL&A area? Yes    No

Are you 18 years of age or older Yes    No

Please explain why you are interested in the Food Policy Council and what skills, knowledge and experience you bring to assist the Food Policy Council in implementing the Food Charter in our region. (Please limit responses to maximum of 300 words)