



**SONOMA COUNTY FOOD SYSTEM ALLIANCE**  
**MEMBERSHIP AGREEMENT**

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I have read the SCFSA Charter dated **November 20, 2013**. I support the spirit and intent of the Charter, and I am committed to be an active member of the Sonoma County Food System Alliance. As an active member, I am dedicated to the vision, goals and principles of engagement outlined above and agree to participate in membership responsibilities listed below.

**As general evidence of my commitment, I agree to do the following:**

- Support the vision, purpose, and goals of the Alliance
- Attend at least 8 SCFSA meetings per year
- Inform the Facilitator/Coordinator if unable to attend regularly scheduled meetings
- Actively participate on at least one Food Action Plan Pillar Team and/or SCFSA Committee
- Engage in Alliance meetings using agreed upon principles and actively work toward SCFSA goals
- Champion the SCFSA, Food Action Plan and represent the Alliance in the broader community

**Name:** *(please print)* \_\_\_\_\_

**Organization:** *(if any)* \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Sector Representing:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access/Food Security     | <input type="checkbox"/> Fisheries                   | <input type="checkbox"/> Production Agriculture<br>(includes farming and ranching) |
| <input type="checkbox"/> Ag Support               | <input type="checkbox"/> Food Service                | <input type="checkbox"/> Urban Food/Agriculture                                    |
| <input type="checkbox"/> Community/Civic          | <input type="checkbox"/> Retail/Grocery Outlets      | <input type="checkbox"/> Food System Workforce (labor)                             |
| <input type="checkbox"/> Conservation/Environment | <input type="checkbox"/> Health                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Education                | <input type="checkbox"/> Processing and Distribution |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return This Form To:**

**Lisa Badenfort, Sonoma County Food System Alliance**  
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