



American Grassfed Association Membership Form

Please complete and return along with your check to:

American Grassfed Association, POB 461090, Denver, CO 80246

New Member Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone Number: _____

Business Email: _____

Business Website: _____

How did you hear about us? _____

Primary Contact Information

AGA communicates important information via this contact. We send all audit, certification, and membership paperwork via email to decrease paper waste. GO Green!

First Name: _____ Last Name: _____

Phone: Office _____ Cell: _____

Email: _____

Membership Level

Please Select One:

_____ AGA Producer (\$100) _____ Community Supporter (\$50)

Farm/Ranch Information

If you selected PRODUCER, please complete the information below:

Species Raised: Please rank the species you raise by order, 1-8; 1 being your main species.

Beef ___ Bison ___ Dairy ___ Goat ___ Lamb ___ Pigs ___ Poultry ___ Other: _____

Herd Sizes: Please list the size of your herd(s). Include all herds you wish to be certified.

Are you part of an AGA Producer Group or Alliance? Y / N Alliance Name: _____

Signature: _____ **Date:** _____