

Please include this form with membership payment

By donating \$250 or more annually, you become a voting member of SOIL Sangre de Cristo for 12 months. Contributions are a tax-deductible donation.

1ST VOTING MEMBER _____

2nd VOTING MEMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Email Address 1st Member _____

Email Address 2nd Member _____

Phone Number 1st _____ 2nd _____

May we publicly acknowledge you as a member? Yes No

Annual Membership Levels: New Renewal

\$250 (Minimum) \$500 \$1,000 \$2,500 Other \$ _____

Food Producer, Farmer or Rancher \$25

Name of Farm, Entity _____

Make check out to **Full Circle Alliance, Inc.**, fiscal sponsor of SOIL Sangre de Cristo
Please write **SOIL SANGRE DE CRISTO** on the memo line.

Please **mail** the check to: **SOIL Sangre de Cristo, PO Box 1445, Salida, CO 81201.**

Thank you for becoming a member of SOIL Sangre de Cristo!

