



Leafy Greens Council
 PO Box 143 Waterport, NY 14571
 (716) 517-0248
www.leafy-greens.org



Please select one: New Membership Renew Membership

Date: _____
 Company Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Email: _____
 Point of Contact: _____
 Preferred Method of Contact: _____

- Grower/Shipper
- Terminal Market Wholesaler
- Broker
- Supplier

Major Products Marketed: _____

Annual Sales Volume	Annual Dues
Affiliated Member	\$100
Less than \$1 million	\$250
\$1 million to \$5 million	\$400
\$5 million to \$10 million	\$500
\$10 million and over	\$600
Supplier Membership	\$600

Enclosed is a check for \$_____ as our Company's annual dues investment in the Leafy Greens Council's Promotional and Member Service programs for the current year. **Please remit to:**

Leafy Greens Council
 PO Box 143
 Waterport, NY 14572

We want to hear from you! Please indicate what information and benefits you would like to receive from the Leafy Greens Council over the next year:
