

Individual Membership Form

Name: _____
Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email address: _____

Describe your connection to Food Law & Policy teaching or scholarship: _____

Degrees held (if applicable): _____

Payment

Individual Membership Dues (for period Jan 1.-Dec. 31 of the year payment is received): **\$50**

Name of person completing this form _____
Title of person completing this form _____
Signature of person completing this form _____

**Please complete and return this form with your dues payment.
Make all checks payable to “Academy of Food Law & Policy.”
Mail all checks to
Academy of Food Law & Policy
Attn: Sarah Hiatt
1045 W. Maple
Fayetteville, AR 72701**