



HAWAII ORGANIC FARMERS ASSOCIATION

PO Box 6863 Hilo, HI 96720

(808) 969-7789

hofa@hawaiiorganic.org www.hawaiiorganic.org

NAME _____ DATE: _____

BUSINESS/FARM NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL: _____

E-MAIL _____

MEMBERSHIP CATEGORY (Please select one)

- _____ INDIVIDUAL MEMBER \$35/year
Any person wishing to support organic agriculture
- _____ SENIOR \$15/year
65 years of age or older
- _____ STUDENT \$10/year
High school or college, please submit copy of student ID
- _____ FAMILY or BUSINESS \$ 50/year

Official Use Only
Received _____
Check/CC# _____
Entered DB _____
Entered CMS _____
Rcpt sent _____
Order sent _____

LIFETIME MEMBERSHIP CATEGORY

- _____ LIFETIME MEMBERSHIP \$350 one-time fee
- _____ SENIOR LIFETIME MEMBERSHIP \$150 one-time fee

DONATIONS AND LISTINGS

- _____ DONOR IN SUPPORT OF ORGANICS _____
- _____ LISTING - HAWAII ORGANIC PRODUCT DIRECTORY \$150
Includes 1 year membership. For non-certified producers, retailers, suppliers, restaurants, freight delivery, and more!

PUBLICATIONS

- _____ SMALL FARM EXEMPTION PACKET \$50
Includes 1 YEAR membership, certification handbook, small farm exemption affidavit
- _____ HOFA HANDBOOK \$15
Detailed information on organic certification guidelines, record keeping templates, and the Federal Organic Rule

HAWAII ORGANIC MARKETPLACE LISTING

Complete the information below to create your online listing at HOFA's Hawaii Organic Marketplace

Please check boxes for information you would like published.

NAME _____ DATE _____

BUSINESS/FARM NAME _____ Island _____

FARM ADDRESS (Optional) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL: _____

E-MAIL _____

WEBSITE _____

Certified Farm/Business:

Certification Agent: _____

Certificate anniversary date: _____ Number of acres (farms): _____

Certification Category (check the category of certification)

- Crop
- Livestock
- Apiary
- Processing
- Handling
- Retail

Products certified: list or attach list: _____

Non-certified Farm/Business:

Small Farm Exemption—please attach your SFE affidavit

Small Farm product list (or attach) _____

Agricultural Services:

- Freight services
- Health Services
- Restaurant serving organic products
- Retailer of organic products
- Supplier of farm related products
- Other listing requested _____
- Farmers Market—list address, hours, contact person, phone
