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## 2008 Heartland Food Network Food/Dining Establishment Membership Application

*This application form is for restaurants, catering companies, food management companies and franchises.  
If you are a food distributor, please complete the Food Distributor application.*

Name of business \_\_\_\_\_

Name of Executive Chef \_\_\_\_\_

Style of cuisine served \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Website address \_\_\_\_\_

Executive Chef's email address \_\_\_\_\_

Additional email address (optional) \_\_\_\_\_

What is the current estimated percentage of qualifying (see "At a Glance" document) Heartland Food Network products used at your establishment? \_\_\_\_\_

**After viewing the on-line membership costs, please enclose the appropriate payment for your 2008 Heartland Food Network membership contribution.**

Please make checks payable to:

The Minnesota Project

Attn: Heartland Food Network

1885 University Ave. West, Ste. 315

St. Paul, MN 55104

Someone will be contacting you shortly to request a biography (not to exceed 350 words) and photograph of your Executive Chef for the "Meet the Chef" portion of the website <http://www.mnproject.org/food-meetchefs.html>. If you already have both of these documents, please email them to Kara Ferguson @ [kferguson@mnproject.org](mailto:kferguson@mnproject.org) today!

~Thank you. We look forward to your involvement with the Heartland Food Network~