



**2008 Heartland Food Network
Food Distributor and Producer Distributor
Membership Application**

This application form is for food distributors and producer distributors. If you are a restaurant, catering company, food management company or franchise, please complete the Food Distributor application.

Company name _____

Name of contact person _____

Address _____

City/State _____ Zip Code _____

Phone number _____ Fax number _____

Website address _____

Contact person's email address _____

What is the current estimated percentage of qualifying (see "At a Glance" document) Heartland Food Network products sold through your establishment? _____

After viewing the on-line memberships 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 or logo of your business for the "Meet the Member" portion of the website (<http://www.mnproject.org/food-meetmembers.html>). If you already have both of these documents, please email them to Kara Ferguson @ kferguson@mnproject.org today!

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