



LAFAYETTE AG STEWARDSHIP ALLIANCE

Membership application

Farm name: _____

Farm type: ___ Dairy ___ Beef ___ Crop ___ Swine ___ Other _____

Farm size: _____ (#) head _____ (#) acres

Name: _____

Phone: _____

Email: _____

Address: _____

(If more than one person from the farm wishes to receive communication)

Name: _____

Phone: _____

Email: _____

Address: _____

Please submit application to:
lafayetteagstewardship@gmail.com

or mail to: 5741 Springbrook Rd
South Wayne, WI 53587