



**Composting Association of Vermont  
Membership Form**

- New Membership Request       Membership Renewal

**Your Information**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Select Your Membership Level**

**Organizational Dues**

- Large Business.....\$175
- Small Business (<\$100K annually)..... \$125
- Municipality .....\$175
- Non-Profit Org.....\$ 50

**Individual Dues**

- Consultant ..... \$100
- Government Official.... \$75
- Academic.....\$75
- Individual ..... \$40

*Thank you for your  
membership  
support!*

**Please Tell Us About Yourself or Your Business:**

**I am interested in issues related to (check as many as apply):**

- Farming/Agriculture
- Research & Development
- Landscaping/Turf Management
- Erosion Control
- Home Gardening
- Water Quality
- Education
- Energy from Compost
- Permitting & Regulations
- Organics/Food Scraps Collection
- Other \_\_\_\_\_

**Do you want your business listed in the CAV Website Directory of Compost Producers?**  yes  no

URL of your business: http://\_\_\_\_\_

**Payment Details:**

Please mail this completed form, **along with check payable to *Composting Association of Vermont*** to:  
Composting Association of Vermont  
P.O. Box 643  
Hinesburg, Vermont 05461

**New Membership Request:**

*I, the undersigned, hereby apply for membership in the Composting Association of Vermont (CAV). I have read the mission and goals of CAV and agree to support their fulfillment. I understand that new memberships must be approved by the CAV Board of Directors. If for any reason my application is not accepted, I will receive a full refund of the dues.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_