

# BEGINNING FARMER/STUDENT

By filling out this membership form and paying your annual dues you commit to supporting and adhering to the principles laid out in the **Declaration of Regeneration** (<https://www.regenagalliance.org/declaration-of-regeneration/>).



(<https://www.regenagalliance.org/declaration-of-regeneration/>)

Name \*

First

Last

Business Name

Address

Address Line 1

Address Line 2

Alabama



City

State

Zip Code

**Phone**

▼ (201) 555-0123

**Website**

**Where did you first learn about soil health?**

**Social Media Links**

**Username \***

Graham

**Email \***

**Password \***

.....

**Short Bio**

Share a little information about yourself.

**What is your area of study?**

**Have you taken any classes around soil regeneration?**

**Where do you think you can best contribute to the Regenerative Ag Alliance?**

**Where are you involved in the farm to table supply chain (check the following)?**

- Business Planning
- Seed to Feed Processing
- Meat Processing
- Distribution
- Marketing
- Wholesale Sales
- Retail Sales
- Chef
- Catering
- Other

**Year farm operation started**

**# of acres under regenerative or organic management**

**# of acres that would like to transition to organic or regenerative management**

**Total people engaged in operation (owners and employees included)**

**Total annual payroll**

**Annual total gross sales**

**Top 5 selling products and individual gross sales**

**What does your dream farm look like?**

**What are the two things are holding you back from your transition to your dream farm?**

**From the following program areas, check those that are the most important for your farm business to succeed:**

- Consulting on Regenerative Systems Development including Ecosystem Business Planning, Design and Development
- Training on Running Regenerative Ecosystems
- Regenerative Marketplace Development and Ecosystem-Wide Marketing Support

- Capital Markets Access
- Land Access and Management Systems
- Indigenous Knowledge Recovery

Submit

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