



4160 Norse Way  
Long Beach, CA 90808  
562-425-0588

## Associate Membership Application Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone (Optional) \_\_\_\_\_

E-Mail \_\_\_\_\_

Associates receive a discount on merchandise from Stein Fillers, the CFS newsletter, and invitations to members-only events. Associate member dues are \$25.00/Year. Please make checks payable to "California Fermentation Society" and mail with this completed application to:

California Fermentation Society  
4160 Norse Way  
Long Beach, CA 90808