

APPLICATION FORM

Business Type (Select One)	
 Primary Producer 	 Restaurant / Cafe
 Food Artisan 	 Retail Food Outlet
\circ Other (please specify)	
Business Name	
And Description:	
Business Address:	
Street Address:	
City / Suburb:	
Post Code:	
Name of Contact :	
Email:	
Phone Number:	
Web Address:	
Slow Food [Swan Valley and Eastern	Regions] Membership Number: AU
Please provide the details requested	overleaf and forward completed application to:

Swan Valley and Eastern Regions Slow Food Convivium Inc. 18B The Crescent Midland WA 6056

Or Email to <u>info@slowfoodswanvalley.com.au</u>

Swan Valley and Eastern Regions Slow Food Convivium Inc. www.slowfoodswanvalley.com.au



Questionnaire to be Completed:

Good

Tell us about how you or your business grows/promotes "Good" food?

You might like to mention your aims and achievements around any of the following that apply:

Quality, taste, seasonal, the health of people and animals, supporting small scale local producers, support for food traditions, pleasure of eating, authenticity, education about taste.

[Provide additional pages as required]

Clean

Tell us about how you or your business grows/promotes "Clean" food?

You might like to mention your aims and achievements around any of the following that apply: Sustainable food production practices, supporting biodiversity, choices about chemical use and GMOs, choices that support the health of the planet, adherence to relevant standards, minimising food miles. [Provide additional pages as required]

Fair Tell us about how you or your business grows/promotes "Fair" food?

You might like to mention your aims and achievements around any of the following that apply: Fair conditions and wages for workers, fair prices for consumers, fair payment, support and promotion of producers, support for food traditions, support for local economies, building local food communities. [Provide additional pages as required]

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