

**Minnesota Department of Agriculture
Food Safety and Defense Task Force
Food Innovation Team Subcommittee**

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Title: Attachment 3: FIT Membership Application	

This Food Innovation Team (FIT) Membership Application should be filled out by individuals interested in becoming FIT members.

Data Privacy Tennessee Warning:

The Food Innovation Team (FIT) regularly requests data from food business owners (FBOs) interested in participating or gaining food business licensing guidance from FIT through the Pre-Screening Intake Form (PSIF), during FIT meeting proceedings, and as part of the regular processes of FIT. The information provided for these FIT activities will be used before, during, and after FIT meetings to answer licensing questions from FBOs. Information provided is public information and will be discussed at a meeting that is open to the public. If you have information that you want protected, please contact the Food and Feed Safety Division Director, Katherine Simon (katherine.simon@state.mn.us or (651) 201-6596) before filling out this form and submitting it to FIT.

General Information				
Last Name	First Name	Date: MM/DD/YYYY		
Phone	Email Address			
	Street address	City	State	Zip Code
Home Address				
Business Address				
	Relevant or Related Experience	Position	From Date	To Date
Affiliation 1				
Affiliation 2				
Affiliation 3				
Affiliation 4				

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FIT Membership Type (may check more than one)	<input type="checkbox"/> MDA Staff	<input type="checkbox"/> Local Food Maker Community
	<input type="checkbox"/> MDH Staff	<input type="checkbox"/> Local Food Farming Community
	<input type="checkbox"/> MDA Delegated Agency Staff	<input type="checkbox"/> Local/Regional Food System Expert or College/University Based
	<input type="checkbox"/> MDH Delegated Agency Staff	<input type="checkbox"/> Non-Regulatory Agency Food Safety Expert

	Name	Phone	Email
Reference			
	Additional Information		
How did you hear about FIT?			
Why are you interested in serving FIT?			
Explain how your past related experience will make you a suitable candidate for membership in FIT.			
FIT Meetings			
Are you available to meet during regularly scheduled FIT meetings (typically 6 meetings per year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation (if needed):		
Privacy			
Have you read and understood the Data Privacy Tennessee Warning (provided above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date read: _____	
	Explanation (if needed):		

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