

VICFA MEMBERSHIP FORM

Annual membership is \$25.00. Please make check payable to VICFA and send to:
PO Box 6838, Charlottesville, VA 22906.

Please print clearly.

* Required fields

*Date _____

*First Name _____ *Last Name _____

Company /Farm Name _____

*Address _____

*City _____ *State _____ *Zip _____

County _____ Congressional District _____

*Phone (_____) _____ - _____

E-mail _____

Website _____

Producers, please list the products that you sell:

***Do you want to be listed in the Membership Directory?** Yes No

Note. Your directory listing will contain all of the above information unless you indicate in the Comments area below any information that you do not want included in the listing.

How did you hear about VICFA?

Comments: