

VICFA

Virginia Independent Consumers and Farmers Association

MEMBERSHIP FORM

Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Email Address: _____

Phone Number: _____ FAX: _____

Website: _____

Where did you hear about VICFA? _____

What issues are you most interested in? _____

Are you a producer? _____

If you are a producer, would you like to be listed in our annual Producer's Directory?

If so please include pertinent information below or email

How are you interested in helping VICFA with its mission?

Annual Dues are \$25.00. Please enclose check or money order made out to VICFA and mail to:

VICFA

P.O. Box 915

Charlottesville, VA 22902

Producer Information:

From Home and Farm Directly to You