



MEMBERSHIP FORM (please print clearly)

* Required fields

Please make check/money order payable to VICFA and send to:

VICFA, P.O.Box 6838, Charlottesville, VA22906

*Membership level:

Standard Annual Membership: \$25_____ Lifetime Membership \$250_____

*Date_____

*First Name_____ *Last Name_____

Farm / Company Name:_____

*Address_____

*City_____ *State:_____

*Zip_____ *County_____

*Phone_____ Cell Ph? Y_____ N_____

*Email_____

Website_____

Membership Directory:

We are updating our Membership Directory, which members can use to meet and network with each other. Would you like to be included? Y_____ N_____

Note: the listing will contain all the above info unless you indicate otherwise.