

National Association of Farmers' Market Nutrition Programs (NAFMNP)

Growing Partner Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Email: _____ Website: _____

Farmers Market Name: _____ Location: _____

Farmstand Name: _____ Location: _____

CSA Name: _____ Location: _____

Membership Type: (please check your type)

Supporting Member: \$10 _____ Sustaining Member: \$20 _____

Leadership Member: \$30 _____ National Member: \$50 _____

Send your completed membership application and your check to:

NAFMNP
P. O. Box 9080
Alexandria, Virginia 22304