



Membership Application

Name: _____

Spouse's Name (or co-owner) _____

Farm Name: _____

City farm is in: _____ Nearby Town: _____

Primary Mailing Address where VCTGA correspondence will be mailed

Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Fax: _____

Email address: _____

Website: _____

Secondary Address (if different from above)

Street: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Email address: _____

Website: _____

Type of operation (circle all that apply) Choose & Cut Wholesale Retail

Do you wish to be included on mailing lists provided to selected vendors? Circle one yes no

Membership Dues are **\$115** annually. Make check payable to **VCTGA**.

Mail Application and check to:

VCTGA

**2252 Windsor Avenue, SW
Roanoke VA 24015-2206**