

Membership Form

BECOME A MEMBER and help us to build healthy sustainable food systems that link farmers, gardeners, consumers and homeowners in the Garden State.

- Contact	Details
Name:	
Farm/Business/Organization Name (if applicable):	
Phone Number:	
Email Address:	
Mailing Address:	
Billing Address (if different):	
	ngagement
☐ I am interested in volunteering with NOFA NJ:	☐ I am seeking support from NOFA NJ
☐ I'm interested in joining a NOFA NJ Committee ☐ Education Committee	☐ I would like to collaborate with NOFA NJ
☐ Policy Committee ☐ Outreach Committee	☐ I'd like to help with NOFA NJ events
Paymen	t Details
eck Enclosed (<i>make payable to NOFA-NJ</i>) Total Er	nclosed:
arge My Credit Card Total Charge:	
arge My Credit Card Total Charge: be of Credit Card: Visa Master Card American Expr	ress

Please complete and mail to: NOFA-NJ, 386 Rock Road East, Lambertville, NJ 08530