



National Association of Farmers' Market Nutrition Programs (NAFMNP)

Growing Partner Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Email: _____ Phone: _____

Website: _____

Farmers Market Name: _____ City, State: _____

Farmstand Name: _____ City, State: _____

CSA Name: _____ City, State: _____

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