



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.

Membership Level

NOFA-NJ memberships entitle members to all member benefits listed on our website; The Individual and Student levels cover one person; the Family, Farm and Non-Profit levels cover two people from the same family/farm/group; the Business/Organization level (less than 50 employees) covers four employees; the Restaurant & Food Services level covers four employees; and the Corporate level (more than 50 employees) covers six employees. Visit www.nofanj.org for info.

<input type="checkbox"/> Individual (\$40)	<input type="checkbox"/> Family (\$70)	<input type="checkbox"/> Business/Organization (\$150)	<input type="checkbox"/> Corporate (\$250)
<input type="checkbox"/> Student/Farm Intern* (\$20)	<input type="checkbox"/> Farm (\$70)	<input type="checkbox"/> Restaurant/Food Services (\$150)	<input type="checkbox"/> Donate \$_____
<input type="checkbox"/> Non-Profit (\$75)			

*Please provide the name of Farm or School: _____

Contact Details

Please let us know if you, or any additional members, are a beginning farmer** or veteran by annotating names with a "BF" or "V."

**A beginning farmer is someone who has been farming for 10 years or less.

First Member Name (Title, First, Last): _____

Additional Member Names (for any membership level with multiple covered persons): _____

Farm/Business Name (if applicable): _____

Phone Number: _____ Email Address: _____

Billing Address: _____ Mailing Address: _____
(if different)

County: _____

Payment Details

<input type="checkbox"/> Check Enclosed (make payable to NOFA-NJ)	Total Enclosed: _____
<input type="checkbox"/> Charge My Credit Card	Total Charge: _____
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Credit Card #: _____	Exp. Date: _____ Security Code: _____
Cardholder Signature (required): _____	
Name and Address of Card Holder (if different from above):	
Please complete and mail to: NOFA-NJ, 334 River Rd., Hillsborough, NJ 08844	

Questions? Please call 908-371-1111 or visit www.nofanj.org