

MEMBERSHIP Application
Northeast Organic Farming Association of NH
224-5022
www.nofanh.org info@nofanh.org

Name _____

Address _____

Phone _____ E-mail _____

Please select a membership category:

- _____ **Basic \$20** (*does not include The Natural Farmer newspaper)
- _____ **Student \$23**
- _____ **Individual \$30**
- _____ **Family \$40**
- _____ **Sponsor \$100**

_____ Please do not give my name to other mailing lists

PAYMENT METHOD:

- PAY CHECK (*please make check payable to "NOFA-NH"*)
- PAY CREDIT CARD (CIRCLE ONE) MASTERCARD VISA

TOTAL AMOUNT _____

Credit Card # _____ Expiration Date _____

Cardholder Name Printed

Cardholder's Authorized Signature

Billing Address (if different from above)

Mail this form with your payment to:

NOFA-New Hampshire
4 Park Street, Suite #208
Concord, NH 03301