

# ***VPBA MEMBERSHIP***

Last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Membership:** (Check one)    New \_\_\_\_\_ Renewal \_\_\_\_\_

Individual (\$10) \_\_\_\_\_

Family (\$15) \_\_\_\_\_

Lifetime (\$250) \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Send to Membership Secretary:

Don Davis  
6453 Silky Way  
Gloucester, VA 23061