



# VABF

Virginia Association for Biological Farming

To pay via check, please mail this Membership Form and a check payable to "VABF" to the following address:

VABF Administrator  
P.O. Box 20437  
Roanoke, VA 24018

Please check your membership level:

- Individual \$40
- Farm or Household (up to 5) \$60
- Farm Intern \$20 (Member Farm) \_\_\_\_\_
- Student \$20 (Accredited School) \_\_\_\_\_
- Non-profit Organization \$100
- For-Profit Business \$200
- Lifetime Member \$1,500
  
- New Member OR  Renewing Member

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

Last Name \_\_\_\_\_

Family Member Names \_\_\_\_\_

Farm/Business/Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_