



2014 Friends of WSFMA Application

WSFMA is a non-profit membership organization dedicated to supporting vibrant and sustainable farmers markets in Washington State through member services, education and advocacy.

Friends of WSFMA are individuals, vendors, businesses and organizations who value farmers markets and wish to support WSFMA's work to ensure all Washington residents have access to healthy food at vibrant farmers markets. Friends of WSFMA are eligible to run for the Board of Directors, participate on committees and help in many different ways and do not have voting privileges in elections or member meetings. Annual WSFMA Friends Membership runs January 1 – December 31. **Required field*

Membership Benefits

- **Free!** Copies of Annual WA State Farmers Market Directory
- **Action Alerts** about Food and Farming Policy that impacts farmers markets
- **Exclusive Sponsorship Opportunities** for businesses and organizations
- **Stay Connected!** Subscription to WSFMA Food Access, Farming and Farmers Markets Listserv
- **Stand Strong!** Support the work of WSFMA and give strength to our collective voice

2014 Friends Membership Dues Schedule *(please select membership level)*

- | | | |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | Individual | \$35 annual |
| <input type="checkbox"/> | Business or organization | \$75 annual |

Membership Information

Contact Name(s)*: [Click here to enter text.](#)

Organization Name: [Click here to enter text.](#)

Mailing Address: [Click here to enter text.](#)

Email*: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Website or Facebook URL: [Click here to enter text.](#)

Would you like to be added to the WSFMA Food Access, Farming and Farmers Markets Listserv*?

- Yes No

Membership Dues

Please enter your 2014 Friends Membership Dues here: [Choose an item.](#)

If you would like to make a donation to WSFMA along with your membership fee to help fund programs and scholarships enter the additional amount here: [Choose an item.](#)

Total amount submitted by check (Membership Fee plus any donation): [Choose an item.](#)

Signature: _____

Date: [Click here to enter a date.](#)

Please include a check or money order and mail along with a printed copy of your completed application to:

Washington State Farmers Market Association

93 Pike Street, Suite 316

Seattle, WA 98101