



NW Fruit

Western Washington Fruit Research Foundation Membership Form

Please check one box only Renewal New Member

DATE: _____

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ 9-DIGIT ZIP: _____

TELEPHONE: (_____) _____

Please check all applicable lines to designate type of membership and/or extra donation:

_____ \$25 FOR ANNUAL **INDIVIDUAL** MEMBERSHIP *(One person only)*

_____ \$40 FOR ANNUAL **FAMILY** MEMBERSHIP *(Parents with their minor children)*

_____ \$_____ FOR **GIFT** MEMBERSHIP FOR: *(Please note for Whom Above)*

_____ \$60 FOR ANNUAL **SUSTAINING** MEMBERSHIP *(Individual or family membership with higher level of financial support)*

_____ \$125 FOR ANNUAL **COMMERCIAL (List Only)** MEMBERSHIP *(Includes 3 people, and also includes business name on our website)*

_____ \$200 FOR ANNUAL **COMMERCIAL (Full)** MEMBERSHIP
(Includes 3 people, and also includes a link from our website to the commercial members' website)

_____ AN **EXTRA DONATION** of \$_____ FOR **GENERAL FUND** **FRUIT GARDEN**

I would like to volunteer to help as follows (please check all applicable lines):

_____ FIELD WORK IN THE **WWFRF FRUIT DISPLAY GARDEN** (usually held every Thursday from 9am-12noon; Jan-Nov.)

_____ HELP AT THE **WINTER FIELD DAY** (2nd Saturday in March)

_____ **BY DOING WORK I CAN DO IN MY OWN HOME USING MY COMPUTER OR TELEPHONE**

Please make your check payable to: NW Fruit and MAIL your completed membership form and check to:

NW Fruit - WWFRF
PO Box 864
Mount Vernon, Wa 98273