

2006 TEXAS CONFERENCE & TRADE SHOW REGISTRATION FORM

CONTACT INFORMATION:

Business/Farm Name: _____
Contact Name: _____
Address: _____
City: _____ State/Prov: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Fax: _____
E-Mail Address: _____ Web Site: _____



PRICE IS PER PERSON. FRIDAY and SATURDAY, BREAKFAST and LUNCH IS INCLUDED. **Member rates apply only to 2006 FULL Members.** (To Join, please complete a Membership Application Form.)

Contact Name: _____ you are: Participant ID #1
Name: _____ you are: Participant ID #2
Name: _____ you are: Participant ID #3
Name: _____ you are: Participant ID #4

Member Registration: \$235

FMC Associate Member/Non-Member Registration: \$300

Children under 16: Free

Participant ID # _____, _____, _____, _____

CONFERENCE REGISTRATION TOTAL \$ _____

TOTAL PAYMENT AMOUNT \$

Payment Type: Visa MasterCard
 Check **MAKE CHECKS PAYABLE TO: NAFDMA - Registration**

OFFICE USE ONLY: Date rcvd: _____ Amount rcvd: _____ Auth/Check Number: _____



NAFDMA Membership Application

* Each section of this application form must be complete in order for membership to be processed.

SECTION 1 Contact Information

Farm/Business Name: _____

Contact First Name(s): _____ Last Name: _____

Address: _____

City/Town: _____ Province/State: _____ ZIP/Postal Code: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail Address: _____

Web Site Address: _____

Please send form and payment to:

NAFDMA
 62 Whiteloaf Road
 Southampton, MA
 01073
 Fax: 413/529-2471

SECTION 2 Membership Type

Important
Please read:

- NAFDMA FULL MEMBER - Annual Dues: \$ 150.00
 Please indicate your choice of the following member benefits:
 - Subscription from Great American Publishers (choose one):
 - The Vegetable Growers' News The Fruit Growers' News neither
 - Subscription to Country Folks Grower:
 - YES, send me this magazine. NO, thank you.
 - FMC e-newsletter:
 - YES NO, thank you.
- NAFDMA/FMC ASSOCIATE MEMBER - Annual Dues: \$ 35.00
 - FMC e-newsletter:
 - YES NO, thank you.

* Dues are for the association's fiscal year (Oct. 1 - Sept 30). There is no prorating of dues.

* Full Membership includes FMC benefits; if you do not wish to receive the e-newsletter, please check "no" in Section 2.

* NAFDMA respects your privacy and will not sell or use your e-mail for any other purpose than sending you news and information about the association. We promise not to use your contact information for anything but sending the newsletter to you and corresponding with you about your subscription or membership.

SECTION 3 Business Status

1. Indicate the ONE membership category that best describes you:
 - Farm Operator Allied Industry Supplier
 - Farmers' Market Organizer Service Professional
2. Check the farming enterprise(s) your business is involved in:
 - On-Farm Market Agritourism
 - Farmers' Markets sales n/a
3. My annual farm/business gross income is:
 - less than \$50,000 \$500,001 - \$1,000,000
 - \$50,001 - \$100,000 more than - \$1,000,000
 - \$100,001 - \$500,000 n/a

SECTION 4 Contributions

- I am including \$_____ in additional funds to help support the activities of the **Farmers' Market Coalition**.
- I am including \$_____ in additional funds to support the **Earl Tywater Scholarship Fund** to allow two members of one farm/business to attend the annual Convention.
- I am unable to offer additional support at this time.

SECTION 5 Payment

Total Amount \$_____ Check #_____ MasterCard Visa

Acct#:_____ exp date:____ /____

Card Member Name:_____

Thank You!

For office use only			
Membership Year:	date rcvd:	amount:	check/auth no.: