

# Loudoun Valley HomeGrown Markets Cooperative, Inc.

PO Box 716, Hamilton, VA 20159  
540-454-8089

## LVHMC, Inc. Membership Application

Calendar Year: \_\_\_\_\_

Farm/Producer Name \_\_\_\_\_

Contact(s) \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

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

Farm/Producer Address (if different from mailing address)  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I am a New Member of LVHMC

I have been a LVHMC (or previously, Association) member for approximately \_\_\_\_\_ year(s).

**Types of LVHMC Membership** (Please check the one that applies to you):

**Farm Based Member** - Producer of agricultural, horticultural or animal husbandry, farm based products. This is a voting membership. Dues are \$25 a calendar year Jan-Dec.

**Non-farm Based Member** - Producer of non-farm based products. Sales of these products are subject to approval by the LVHMC Board of Directors. This is a voting membership. Dues are \$25 a calendar year Jan-Dec.

**Sustaining Member** - Any person, partnership, firm, cooperative or corporation not actively engaged in selling at LVHMC markets, but wishing to further the aims of the cooperative, is welcome to contribute to LVHMC. This is not a voting membership.

I am applying for membership in the Loudoun Valley HomeGrown Markets Cooperative, Inc. and agree to comply with the bylaws and terms of agreement of the cooperative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date