

WICFA

Wisconsin Independent Consumers and Farmers Association, Inc.

P.O. Box 225
Bruce, WI 54819
www.wicfa.org

MEMBERSHIP FORM

*Name: _____

*Street Address: _____

*City: _____ *State: ____ *Zip: _____ - _____

*Home Phone Number: (____) ____ - _____

Cell Phone Number: (____) ____ - _____

Email Address: _____

Website: _____

Farm/Business Name: _____

Where did you hear about WICFA?

- Newspaper – If so, which one? _____
- Magazine – If so, which one? _____
- Internet Search Engine
- Friend – If so, who? _____
- Politician – If so, who? _____
- Other – Describe: _____

What issues are you most interested in?

- 1) _____
- 2) _____
- 3) _____

Are you a producer?

- Yes No

“From Home and Farm Directly to You”

If you are a producer, would you like to be listed in our annual Producer's Directory?

Yes No

If you so please, include pertinent information below or email cj@wicfa.org

1) _____
2) _____
3) _____

How are you interested in helping WICFA with its mission?

1) _____
2) _____
3) _____

Are you applying for a General Membership or a Junior Membership (17 years of age or less)?

General Membership
 Junior Membership

Additional Memberships requested:

Name: _____
Relationship to First Member: _____
Membership Type Sought: _____

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Membership Type Sought: _____

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Membership Type Sought: _____

Please enclose check or money order for \$25.00 per each membership sought, made out to WICFA and mail to:

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