

MEMBERSHIP APPLICATION

NAME _____ FARM•BUSINESS _____

ADDRESS _____ TOWN _____

STATE/COUNTRY/POSTAL CODE _____

TELEPHONE _____ BEST TIME TO CALL _____

E-MAIL _____

Please send me the electronic version of *The Garlic Press* instead of the printed version (and help save a tree!)

Relationship to the garlic: _____

Membership Fee (U.S. Funds ONLY):
First Four Press Issues: \$15
Renewals: 8 Issues \$20

Make Checks Payable to:
Garlic Seed Foundation
Rose Valley Farm
Rose, New York 14542-0149



FOR OFFICE USE: \$ _____

N • RN • DS • OTHER • EXP # _____