



PO Box 652 Willunga SA 5172
ph: 8556 4297 fax: 8556 4293
wfm@internode.on.net

MEMBERSHIP FORM

Name:

Business/Trading Name:..... ABN:.....

Property/Residential Address:

.....

Postal address:

Phone:

Mobile:.....

Fax:

E-mail:

Membership category:

- farmer/gardener – someone who grows or produces fresh food
- producer – someone who makes food using locally grown produce
- community member – someone who supports the WFM

Annual membership is \$30.00.

Please make cheques payable to Willunga Farmers Market Inc.

I have read and agree to abide by the Willunga Farmers Market Rules.

Signed:..... Dated:.....

Receipt/membership no.