

BCFA

ANNUAL SUPPORTING MEMBER APPLICATION

YES! I want to join BCFA and help build a resilient local food system for myself, my family, my community and the planet.

Please fill in the information below and return with payment to

Bucks County Foodshed Alliance
P.O. Box 401
Doylestown PA 18901



If you have questions or need additional information, please contact us at info@BucksFoodshed.org or 215.621.8967.

Member Information

Name _____

Address _____

Email _____

Phone _____

New Renewal

Amount Enclosed

Annual Membership	\$30
Additional Gift (thank you!)	\$ _____
Total	\$ _____

Method of Payment

Check Cash

Make checks payable to "Bucks County Foodshed Alliance." **Please do not mail cash.**

Thank you for supporting our efforts to build a resilient local food system here in Bucks County.