

Friend of the Market Membership Application

Name _____

Business/Organization Name _____

(if applicable)

Email _____

Phone _____

Address _____

Gift Membership - Purchaser's Name: _____

Date _____

Membership Level

- Friend (\$50) Special Rate (\$40) Family (\$75)
 Small Business/Non Profit (\$100) Champion (\$150+) Amount: _____

Please check if joining mid-year.

Contact us for pro-rated membership fee after February.

Our membership cycle runs January - December. All memberships expire December 31st.

Mid-Year Membership - Pro-rated Amount: _____

Are you renewing your membership?

- Yes, I am a renewing member No, I am a new member

Payment Type

- Cash Credit Card Check (Payable to "Lancaster Fresh Market, Inc") Online

Lancaster Fresh Market, Inc. is a 501(c)(3) non profit organization. Your membership and any additional donations may be tax-deductible. Please consult your tax professional.

MARKET USE ONLY: Date _____ Mug _____ Card _____ RE _____ CC _____ Web _____ DB _____