



## MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

Please Circle Dues paid: Farm Fan \$15 Exhibitor: \$20 Family: \$30 Corporate: \$250

PLEASE MAKE CHECK PAYABLE TO AND MAIL TO: RHFMM 2077 State Rd Eliot, ME 03903