

# Membership Application for COASTAL HARVESTERS, Inc.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about Coastal Harvesters, Inc.? \_\_\_\_\_

Type of Membership:

- VENDOR – select this if you intend to sell at the Hatteras Island Farmers’ Market
- GENERAL – select this if you DO NOT intend to sell at the Hatteras Island Farmers’ Market

One-time Membership Fee (\$25) \$ \_\_\_\_\_

Additional Donation \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

We are looking for volunteers. Please indicate your area(s) of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Farmers’ Market     | <input type="checkbox"/> Communications/PR |
| <input type="checkbox"/> Community Gardens   | <input type="checkbox"/> Fundraising       |
| <input type="checkbox"/> Long-Range Planning | <input type="checkbox"/> Event Staffing    |

QUESTIONS? Send email to [info@coastalharvesters.org](mailto:info@coastalharvesters.org).

Mail this completed form and check payable to **Coastal Harvesters, Inc.** to:  
Coastal Harvesters, Inc., P.O. Box 906, Buxton NC 27920

CHI/HIFM USE ONLY

DATE REC'D: \_\_\_\_\_ CHECK #: \_\_\_\_\_