Social / Garden Membership Form

GROWING PURPOSE   CULTIVATING INCLUSION

HOMESTEADS
For Hope
·COMMUNITY FARM·

Date: _____

Primary Membership Holder Name		Primary Email	
Cell Phone #:		**Birthday**	
Mailing Address			

Secondary Contact for Membership		Secondary Email	
Cell Phone #:			

Social Membership *(Individual + Guest)*	1x Time Payment Option	$150
Garden Co-Op Membership *(Individual + Guest)*	1x Time Payment Option	$350
X	**Option: Pay with a Check**	*Homesteads for Hope 2185 Manitou Road Rochester NY 14606-3211*
X	**Option: Invoice Me to This Email:**	
X	**Option: Pay with Credit**	*Please provide the credit card information below:*

Name of Credit Card Holder:		
Credit Card #:	Expiration:	CVC:
	By initiating the box to the left, you understand that your credit card will be billed only once for the Homesteads Membership you chose above. ***We will not use this information for any other purpose than this form.***	
	As a Homesteads Member, hereby authorize Homesteads for Hope to use photographs and/or videos of me captured during my involvement in activities, events, or programs organized by Homesteads for Hope. I understand that these visual materials may be utilized for promotional purposes, encompassing advertisements, social media posts, website content, and printed materials. ****Please note that these images are typically candid, and any direct photos of me will be discussed beforehand.****	

When payment is received, that is when the Membership is Active.

Homesteads for Hope will send a receipt to the emails above, and additionally if utilizing through self-direction, can send this membership to the following Agency FI or Broker below:

Contact Name & Relationship to Member:	
Organization Name, if applicable:	
Email:	
Phone Number:	
Mailing Address	

Please Email this Form to Ann@HomesteadsforHope.org