

City Greens Produce Membership Application

Fresh Produce • Healthy Choices • United Community

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Will you be using EBT (food stamps): () Yes () No

Number of people in your household: _____

Annual Income:

() \$0 - \$22,000 () \$22,000- \$36,000 () Over \$36,000

For City Greens Use Only

Payment received: amount _____ date _____

Renewal payment: amount _____ date _____

Notes: