

Please fill out the form by typing into each field, and make sure the appropriate Business/Occupation box is checked. If you are a grower, please provide acreage for each type of crop. The date may also be filled in by typing, but the signature line must be signed manually. Once filled out, print it, sign it and either mail to Vegetables West, PO Box 626, Clovis CA, 93613-0626 or fax it in to 559-323-6016

Vegetables WEST				
P.O. Box 626 • Clovis, CA 93613-0626				
Please Complete this Card and Mail it Back to Us				
Free Subscription				
Farm/Company: _____				
Subscriber Name: _____				
Address: _____				
City, State, Zip: _____				
County: _____	Phone: _____			
E-Mail: _____	Fax: _____			
<i>Check business/occupation</i>				
<input type="checkbox"/> Grower	<input type="checkbox"/> PCA/Consultant			
<input type="checkbox"/> Assn./Commission	<input type="checkbox"/> Supplier/Mfg/Service			
<input type="checkbox"/> Packer/Processor	<input type="checkbox"/> Ad Agency			
<input type="checkbox"/> Research/Ed./Gov.				
Please list acreage next to each crop you grow				
Artichoke _____	Carrot _____	Garlic _____	Onion _____	Squash _____
Asparagus _____	Cauliflower _____	Greens _____	Pea _____	Strawberry _____
Beans _____	Celery _____	Herbs _____	Pepper _____	Sweet Potato _____
Beets _____	Chard _____	Kale _____	Potato _____	Tomato _____
Bell Pepper _____	Collard _____	Lettuce _____	Pumpkin _____	Turnip _____
Bokchoy _____	Corn _____	Leeks _____	Radish _____	Watermelon _____
Broccoli _____	Cucumber _____	Melon _____	Rape _____	
Cabbage _____	Eggplant _____	Mushroom _____	Seed _____	Other _____
Cantaloupe _____	Endive _____	Okra _____	Spinach _____	
Sign Below to Continue to Receive Vegetables West Free				
Signature X _____	Date _____			
Cards not signed and dated will not be processed per U.S. Postal Regulations				