

MEMBERSHIP FORM



PO BOX 11128 - FRESNO, CA 93771 - T/F: 559.272.1411

MEMBER INFORMATION

Company:

Contact:

Address:

City:

Zip:

Telephone:

FAX:

E-Mail Address:

WOULD YOU LIKE TO HELP?

Our organization needs help in various ways. If you have time to invest in our industry's future, please check this box:

THANK YOU!

MEMBERSHIP TYPE *(Please select all that apply)*

- | | | |
|--------------------------|--------------------------------------|----------|
| <input type="checkbox"/> | GROWER _____ acres @ \$2.25/acre | \$ _____ |
| <input type="checkbox"/> | WINERY _____ cases @ \$0.10/case | \$ _____ |
| <input type="checkbox"/> | ASSOCIATE \$450 | \$ _____ |
| <input type="checkbox"/> | MARKETING CONTRIBUTION | \$ _____ |
| <input type="checkbox"/> | WINEGROWER SCHOLARSHIP CONTRIBUTION* | \$ _____ |
| | TOTAL ENCLOSED | \$ _____ |

*DISTRIBUTED THROUGH CENTRAL CALIFORNIA WINEGROWERS, AN AFFILIATED 501-C3

Please make checks payable to:

San Joaquin Valley Winegrowers Association

Thank you for your continued support!

Tax ID: 26-2793277

Please charge my Visa or MasterCard:

_____ - _____ - _____ - _____ exp. ____/____

Signature: _____