

Wisconsin Apple Growers Association
MEMBERSHIP FORM

Date _____
Orchard/Company Name _____
Name _____
Address _____
City _____ State _____ Zip _____ County _____
Phone _____ Fax _____
E-Mail _____ Website _____

_____ **Renewal Membership** _____ **New Membership**

Grower Membership \$40 plus \$2.50 per bearing acre (Maximum \$300)

_____ Number of Bearing Acres x **\$2.50** = _____ plus **\$40** = \$ _____

Associate Membership - \$75.00 (For apple-related businesses) \$ _____

Additional donation for apple promotion \$ _____

Additional donation for apple research \$ _____

Additional copies of *Fresh Magazine*@ \$24/year \$ _____

**Please list the name and address of those who are to receive the extra copies on the back of this form.*

TOTAL AMOUNT \$ _____

Make check payable to: **Wis. Apple Growers Association**
211 Canal Rd., Waterloo, WI 53594
Phone: (800) 722-3120 Fax: (920) 478-9586

Charge to my (circle one)	MasterCard	Visa
Cardholder	_____	
Card Number	_____	Exp. Date _____
Signature	_____ Security Code (3 digit code on back of card) _____	

Every member of the Wisconsin Apple Growers Association is listed on the WAGA website.

Do NOT list my orchard information on the WAGA website or promotional information.

Please list your specialties and/or attraction(s) in two lines or less.

Check here to keep information same as last year.

List specialty apples, directions, hours of operation, pick your own, cider, caramel apples, school tours, special activities, other produce, crafts, gift shop, etc

Thank You For Being a Member of the Wisconsin Apple Growers.