



# Membership Application

Member Name (Primary Contact) \_\_\_\_\_

Greenhouse/Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

County \_\_\_\_\_

Crops Grown \_\_\_\_\_

Total Square Footage in Vegetable Production \_\_\_\_\_

## Annual Membership Dues

Please v Check One:

\_\_\_\_\_ Growers Dues..... \$25.00

\_\_\_\_\_ Corporate Dues..... \$40.00

**Please mail application with payment to:**

**NC Greenhouse Vegetable Growers Association**

P.O. Box 58220, Raleigh, NC 27658

PHONE 919-413-9544

FAX 919-882-8533