



**2019  
Full Grower Membership Application Form**

Vineyard Name	
Contact Name	
Address/Location	
Mailing Address	
Contact Email	
Phone	
Fax	
Acres owned	
Who planted grapes?	
Who manages grapes?	
Vineyard Contact	
Contact Phone	

Please list varietals by acreage:

Acreage	Varietal

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

- ***All Membership Applications must be accompanied by (3) signed Sponsorship Forms. Sponsors must be Voting Members and must include (1) Board Member.***
- ***Please contact TVWA office to inquire about membership dues.***

For office use only: \_\_\_\_\_ Dues Rcvd.    \_\_\_\_\_ Directory    \_\_\_\_\_ Website/SM    \_\_\_\_\_ Welcome