

2021 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			
Signature of Owner		Date	e
Signature of Owner Signature of Owner		Date	
Signature of Owner • All Membership Apmust be Voting Me	plications must be accompan nbers and must include (1) B VA office to inquire about me	Date nied by (3) signed Sponsor Board Member.	e