



2012 Membership Renewal Form

Post Office Box 91 | Clifford, VA 24533
 vavineyardsassoc@gmail.com | (434) 946-5374

Vineyard/Company Name: _____

Primary Business Type: Bonded Winery Independent Grower Student Other

Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____-_____
 County: _____

Acres Of Planted Vineyard: _____
 Main Varieties Planted: _____

 AVA (appellation, if applicable): _____

Vineyard/Company Representative

Legibly print names as you would like to have them on your membership card(s). Grape Press will be sent directly to all members that we have email addresses for. Official correspondence (voting, etc.) will go to address marked accordingly. List additional associates on the back.

Member	Official Correspondence	Email	Dues
			\$60
			Included
			\$10 Associate
			\$10 Associate
			\$15 Student

Total _____

Payment may be made by check or credit card.

Mail your registration form and check made payable to "VVA": Virginia Vineyards Association | Post Office Box 91 | Clifford, VA 24533

Visa and MasterCard Welcome:

Name on card _____ Signature _____
 Card number _____ Expiration _____ Security Code _____

Office Use Only

Date Rec'd _____	Check # _____	Database { } Email { }
Postmark _____	Check Date _____	Card _____