



DD:	_____
Amt:	_____
PP:	_____

*Alexander Valley Winegrowers*  
**ASSOCIATE MEMBER Application & Dues Statement**

Please fill in the following form so that we may ensure our records are up to date.

Company Name:

\_\_\_\_\_

Contact:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

Contact Phone:

\_\_\_\_\_

FAX:

\_\_\_\_\_

Email:

\_\_\_\_\_

\*\* Due to very efficient spam filters, we often receive returned emails. Please ensure that our email address: [info@alexandervalley.org](mailto:info@alexandervalley.org) appears in your address book.\*\*

**DUES**

**ASSOCIATES:**

Check One: Affiliated Business       Affiliated Organization

Dues = \$250.00 – Associate members are non-voting members

