

NORTH CAROLINA MUSCADINE GRAPE ASSOCIATION

MEMBERSHIP FORM

Name: _____

Farm/Company/Institution: _____

Mailing Address: _____

City, State, Zip: _____ County: _____

Physical address if different: _____

Phone #1: _____ Work Cell Home

Phone #2 (optional): _____ Work Cell Home

Email: _____

Website: _____

Your relationship with muscadines: (Please check all that apply)

Grower Winery Supplier/Services Research/Extension Home Gardener/Hobby Grower

Processor (juice, nutraceuticals, etc.) Other: _____

If grower: Number of acres in muscadine production: _____

Varieties of muscadines grown: _____

How are your grapes sold? (Please check all that apply)

Use for our own winery/processing To wineries/breweries Wholesale to chains/shippers

U-pick To consumers: On-farm, farm stand/store, farmers markets Local small-scale wholesale

To medicinal products manufacturer Other: _____

Non-grower businesses: Services/products you provide _____

Please list our farm/business in the NCMGA website directory: Yes No Not sure; contact me.

You will have the opportunity to "claim" your listing and add/change the information there at any time.

Dues: Individual/Vineyard/Winery \$50 Student: \$25 Supplier/Services: \$150

Payment: Check (made out to NCMGA) Credit/Debit Card

Card # _____ Exp. date _____ CV code _____

Signature _____ Date _____

Just providing information – not joining at this time.

Mail to: NCMGA, 6495 Phillipi Church Rd, Raeford, NC 28376

Email: ncmgasec@gmail.com – phone: 910-578-2715