



2023 MUSCADINE CONFERENCE REGISTRATION FORM

Register by March 13 to avoid late registration charges.

Principal registrant _____

Additional registrants _____

Farm/Company/Institution _____

Mailing Address _____

Phone _____ Work Cell Home

Email _____ County (NC): _____

Special dietary/accessibility needs? _____

	MEMBERS	NON-MEMBERS	Student/Extension	# persons	Total \$
Friday, March 17 (at Lu Mil Vineyard)	\$50/person	\$65/person	\$35/person		
Saturday, March 18 (at Bladen Co. Extension)	\$75/person	\$125/person	\$50/person		
<i>Late Registration (after March 13 or at door)</i>	add \$10/person				
Membership in NCMGA <i>Those joining/renewing with this form qualify for Member registration fees.</i> <input type="checkbox"/> Regular Membership: \$50 For an individual/family/company with one address & email; larger companies may choose to have more than one membership <input type="checkbox"/> Student/Extension Membership: \$25 For county agents and students currently enrolled <input type="checkbox"/> Associate Membership: \$125 For suppliers/services/supporters to the muscadine industry					
Total Due					

PAYMENT Check (make payable to NCMGA) Credit/debit card
 Card # _____ Exp. _____ CV code _____

Any special dietary or accessibility needs? Please explain: _____

ADDITIONAL INFORMATION FOR MEMBERSHIPS Renewal New/Returning Membership

Physical address if different from above _____

Website _____

If a business, do you wish to be listed in the NCMGA website directory? Yes No Not sure

Your relationship with muscadines (please check all that apply): Grower Winery Research/Extension Supplier
 Home Gardener Other: _____

If you are a grower: Number of acres in muscadine production: _____ Varieties of muscadines grown: _____

How are your grapes sold? (Please check all that apply) U-pick Retail (on-farm/own store/farmers markets)
 To local stores/restaurants Wholesale to chains/shippers To wineries / breweries / processors
 Use in our own winemaking/processing Other: _____

Non-grower businesses: Services/products you provide _____

SEND TO: NCMGA, 6495 Phillipi Church Rd, Raeford, NC 28376 Email to: ncmgasec@gmail.com

QUESTIONS? Call 910-578-2715 or email ncmgasec@gmail.com