



GARDEN STATE WINE GROWERS ASSOCIATION MEMBERSHIP APPLICATION

NAME: _____ COMPANY NAME: _____

TYPE OF BUSINESS: _____

ADDRESS: _____

COUNTY: _____ PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

WINERY LICENSE # (if applicable): _____

Please check which membership you are applying for:

_____ **Winery Membership** (\$1,000/year, Licensed Winery)

_____ **Associate Membership** (\$100/year; other than licensed wineries)

_____ **Vineyard Membership** (\$50/year; vineyard only)

Please make check payable to the Garden State Wine Growers Association

Mail check & application to:
Garden State Wine Growers Association, Treasurer
P.O. Box 386, Cream Ridge, NJ 08514

The Garden State Wine Growers Association reserves the right to review and approve all applications.

Current size of vineyard (number of acres): _____

Varieties grown: _____

Are you:

a) A vineyard only _____

b) A winery _____

b) Selling grapes _____

c) Looking to buy grapes _____

If not a grape grower, please indicate your relationship to the vineyard community:

By signing below, I agree to abide by the by-laws of the GSWGGA:

Signature: _____ Date: _____

Please print name: _____