



Virginia Christmas Tree Growers Association

Membership Application

Your Name: _____

Spouse's Name (or co-owner): _____

Farm Name: _____

County/City farm is in: _____ Near Town: _____

Primary Contact Info where VCTGA correspondence will be mailed/emailed

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Website: _____

(Secondary Contact info/Farm Address)

Farm Address: _____

City: _____ State: _____ Zip: _____

Type of Operation (please circle one): Choose & Cut Wholesale Retail

Do you wish to be included on the mailing list provided to selected vendors upon request?

Yes _____ No _____

Membership Dues are \$125 annually. Make check payable to: VCTGA

Mail application and check to:

**VCTGA
383 Coal Hollow Rd
Christiansburg, VA 24073-6721**

OVER: ↵

Please include with this form directions to your farm, your hours of operation (or “Coming Soon”), a list of any special services your farm provides, and a list of what type of trees you grow to have your mini-website setup on the VCTGA website at www.VirginiaChristmasTrees.org .

Information for your FREE mini-website on
www.VirginiaChristmasTrees.org

Directions to your farm: _____

Hours of Operation: _____ **Days of week:** _____
(or "Coming Soon")

List of special services your farm provides (hayrides, cutting, shaking, cutting tools, baling, loading, tree stands/supplies, wreaths, Christmas Shop, etc)

Types of trees you grow:

Frasier Fir **Type:** _____

Other Fir **Type:** _____

White Pine

Virginia Pine

Scotch Pine

Other Pine **Type:** _____

Norway Spruce

Colorado Blue Spruce

Other Spruce Type: _____

Leyland Cypress

Other Tree Type: _____