

# 2020 Dues Invoice



# Due By 12-31-19

Name: \_\_\_\_\_

Spouse's Name (or co-owner) \_\_\_\_\_

Farm Name: \_\_\_\_\_

Farm is in the County/City of : \_\_\_\_\_

**Mailing Address** where VCTGA correspondence will be mailed

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

(Very important because most correspondence is by email now)

Website: \_\_\_\_\_

**Secondary Address** (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Type of operation (Check all that apply) \_\_\_ Choose & Cut \_\_\_ Wholesale \_\_\_ Retail

Do you wish to be included on mailing lists provided to selected vendors? \_\_\_ Yes \_\_\_ No

Membership Dues are **\$125** annually.

Make check payable to **VCTGA**.

Mail Invoice and check to:

**LeeAnn Seeley**  
**VCTGA Executive Secretary**  
**PO Box 315**  
**Woolwine, VA 24185-0315**

Check number \_\_\_\_\_ Date \_\_\_\_\_ Amount paid \_\_\_\_\_