

2024 Dues Invoice



Due By 12-31-23

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 Secretary
P.O. Box 315
Woolwine VA 24185

Check number _____ Date _____ Amount paid _____