MEMBERSHIP APPLICATION



COMPANY PRIMARY CONTACT					
NAME		TITLE			
COMPANY					
STREET ADDRESS		CITY	STATE		ZIP
EMAIL		PHONE	FAX		
	DUES				DUES
GROWER MEMBERSHIP		SPECIAL AND			
All firms not involved with production aspects beyond gro	wing.	ACADEMIC/GO	OVERNMENT MI	EMBERSHIP	
 □ Grower 1 – State pays USApple full annual assessmen □ Additional support – Growers with complimentary memberships are invited to give extra support 	t \$0 \$150	Organizations not directly involved in handling apples, such as trade associations, health and education organizations and institutions, and Chambers of Commerce and other business groups. OR for individual associated with an educational institution or government agency.			
☐ Grower 2 – from all other states	\$300	☐ Special Member		0	\$550
APPLE INDUSTRY BUSINESS MEMBERSHIF		☐ Academic/Gover	nment Membership		\$150
All firms that handle apples beyond growing, such as pac shippers, sales agencies, brokers, retailers, importers, ex processors, etc. Dues rates are based on the volume of a grown, packed, processed or sold annually. These member entitled to vote on association matters.	ckers, porters, pples	☐ Young Apple Lea	E LEADER PROG ader Program apple industry leaders)	GRAM SUPPO	S
ANNUAL VOLUME (please check the box that applies to yo	ou)	METHOD OF P	AYMENT		
□ Level 1 = $1 - 500,000$ bushels	\$550	CHECK (payable	e to USApple)		
\square Level 2 = 500,001 – 2 million bushels	\$1,650		/ISA MasterCard	☐ AmEx ☐ Di	scover
☐ Level 3 = More than 2 million bushels	\$2,800	TOTAL \$ AMOUN	т		
■ Level 4 = Apple business but bushel formula not applicable	\$550	TOTAL # AMOUNT		-	
		NAME ON CARD			
ASSOCIATE MEMBERSHIP					
Business/supplier engaged with the apple industry but no involved in the handling/marketing of apples. Examples in companies which deal in equipment, packaging, crop pro	nclude	CREDIT CARD #		EXPIRATION DATE	CSC
financial services, nurseries and insurance. These member entitled to vote on association matters.		SIGNATURE		EMAIL	
☐ Local Associate Membership		USApple		jallen@usap	ple.org
Business conducted in one state	\$300	7600 Leesburg Pike,			
☐ Regional Associate Membership	^ -	Falls Church, VA 220	43		
Business conducted in four or fewer states	\$550		0 percent of USApple d		
□ National Associate Membership Business conducted in more than four states	\$2,800	activities and are not tax deductible. All membership applications are subject to approval by the association's Board of Directors.			

 $^{^{**}}$ Please list additional company employees on the other side of this form **

ADDITIONAL EMPLOYEES

FIRST NAME	MIDDLE INITIAL	LAST NAME	
TITLE	COMPANY		
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE	FAX	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
TITLE	COMPANY		
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE	FAX	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
TITLE	COMPANY		
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LIINIL	THORE	1700	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
TITLE	COMPANY		
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE	FAX	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
TITLE	COMPANY		
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE	FAX	
FIRST NAME	MIDDLE INITIAL	LAST NAME	
		SIGI WINE	
TITLE	COMPANY		
STREET ADDRESS	CITY	STATE	ZIP
EMAIL	PHONE	FAX	