

# Arizona Wine Growers Association

## Membership Application



Check Appropriate Box and fill in application information below

**AWGA Supporter (Non-Voting)**  
\$50 Annual Dues thru 6/2011

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*Consumers who support the Arizona wine industry and enjoy Arizona wine*

**Benefits:**

- Membership card entitling member to discounts at participating Master Grower businesses and Associate Member Businesses
- 50% discount at select AWGA events
- Receive "Supporter and Friends" AWGA newsletter
- Receive early invitation to select AWGA events

**AWGA Associate (Non-Voting)**  
\$100 Annual Dues thru 6/2011

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*Wine Retailers, Restaurants, Hotels, Hospitality Providers, Vendors, Suppliers & Industry Partners . . . any business that supports Arizona wines*

**Benefits:**

- Same as Supporter Membership PLUS
- Receive an additional Membership card (2 total)
- Receive a sticker "I Support Arizona Wine"
- Link on ArizonaWine.org website
- Opportunity to offer a discount to AWGA card-carrying members
- Sponsorship opportunity for "Supporter and Friends" AWGA newsletter (includes banner ad and publication of short article on the Associate Member's business)
- Opportunity to purchase banner ads on ArizonaWine.org and in the "Supporter and Friends" AWGA newsletter
- Opportunity to participate in select AWGA events

Please mail application with payment to:  
PMB 236, 3655 W. Anthem Way, Suite A-109  
Anthem, AZ 85086  
or fax to (623) 505-6560

*Thank you for joining!*

Please print clearly

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Phone: (cell) \_\_\_\_\_ (business) \_\_\_\_\_ (fax) \_\_\_\_\_

Referred By: \_\_\_\_\_ Over 21: Yes No

Associate Members Only

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

Add'l Member Name: (For membership card) \_\_\_\_\_

Discount you'll offer our members (if any): \_\_\_\_\_

To pay by Credit Card (VISA, MASTERCARD OR DISCOVER)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Card#: \_\_\_\_\_

Expiration: \_\_\_\_\_ Amount Authorized: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: CM QB WS MD MC ISSUED: \_\_\_\_\_