PARALLEL 45 VINES & WINES
2010 MEMBERSHIP APPLICATION

NEW Members, please complete the entire form
CURRENT Members, complete name, **E-MAIL** and any changes

_____ _____ _____Current _____
First Name Last Name _____New Member Date

_____ _____ Also Applying
Name of Spouse

_____ _____ _____ _____
Home Address City State Zip

_____ _____ _____Non-commercial
Business Name Position ____ Commercial

_____ _____ _____ _____
Business Address City State Zip

_____ _____ _____
Primary Phone Secondary Phone **E-MAIL**

I would prefer that you use: ___My business address ____ My home address for P45 correspondence

Involved In: _____Number of Vineyard Acres
____ Vineyard Care ____ Vineyard Owner/Grower
____ Vintner ____ Winery Operation
____ Home Vineyard Grower ____ Home Winemaker
____ Other _____

___You may use my name in a Membership Directory for P45 Members.

2010 Membership Dues: **$25.00 per person** Dues Enclosed $_____

Make checks payable to: Parallel 45 Vines & Wines
Please return this form and payment to:
Linda Schubert, Treasurer - 7535 East Fouch Road, Traverse City, MI 49684
Have Questions? Call Linda, 946-8516

Thank you for your continued support for YOUR organization!