



2020 GROWER MEMBERSHIP

"To work to enhance the sustainability and profitability of CCCGA members"

Membership Code: _____ / _____

Please verify the information below:

Mark any changes in this column:

Name		
Company Name		
Address		
P.O. Box		
City, State & Zip Code		
Phone		
Cell Phone		
Email		
Website		

FROST TEXTING OPTION AND MORE INFORMATION NEEDED ON REVERSE SIDE

GROWER MEMBERSHIP DUES CALCULATION

Number of barrels harvested in 2019	X Dues Rate	Total Due
	X\$0.27	

THE MINIMUM DUES CAN ONLY BE PAID BY GROWERS THAT PRODUCE/SELL 740 BARRELS OR LESS.
\$200.00 Minimum
In order to pay the minimum dues you MUST list your production!

CHECK ENCLOSED WITH FULL PAYMENT NOW (CIRCLE)
OR
PAYMENT SCHEDULE IS AVAILABLE FOR GROWERS THAT PRODUCE/SOLD 1850 BARRELS OR MORE.
CIRCLE ONE:

4 EQUAL PAYMENTS OF 1/4 OF YOUR TOTAL DUES
MARCH/JUNE/SEPTEMBER/DECEMBER

3 EQUAL PAYMENTS OF 1/3 OF YOUR TOTAL DUES
MAY/JUNE/SEPTEMBER

2 EQUAL PAYMENTS OF 1/2 OF YOUR TOTAL DUES
MARCH/SEPTEMBER

HANDLER PAYMENT

I authorize my handler to deduct my **full 2020 CCCGA dues** from my next 2019 crop payment. This option is available for growers who sell to:

PLEASE CIRCLE ONE

LASSONDE/PAPPAS DECAS OCEAN SPRAY REFRESCO

Contract # _____

I authorize my handler to deduct my **2020 CCCGA dues quarterly** from my 2019 crop payments. This option is available for growers who sell to:

PLEASE CIRCLE ONE

DECAS OCEAN SPRAY

In accordance with the terms and conditions noted on this page:
Handler payment options MUST be received prior to February 7, 2020

Signature: _____

DUE DATE	AMOUNT
FEBRUARY 20, 2020	
FOR OFFICE USE ONLY:	
Membership Code: _____	Check# _____ Amount _____ Date _____
	<input type="checkbox"/> DGA <input type="checkbox"/> PHS <input type="checkbox"/> BJS
DUE DATE	AMOUNT
JUNE 20, 2020	
FOR OFFICE USE ONLY:	
Membership Code: _____	Check# _____ Amount _____ Date _____
	<input type="checkbox"/> DGA <input type="checkbox"/> PHS <input type="checkbox"/> BJS
DUE DATE	AMOUNT
SEPTEMBER 20, 2020	
FOR OFFICE USE ONLY:	
Membership Code: _____	Check# _____ Amount _____ Date _____
	<input type="checkbox"/> DGA <input type="checkbox"/> PHS <input type="checkbox"/> BJS
DUE DATE	AMOUNT
DECEMBER 20, 2020	
FOR OFFICE USE ONLY:	
Membership Code: _____	Check# _____ Amount _____ Date _____
	<input type="checkbox"/> DGA <input type="checkbox"/> PHS <input type="checkbox"/> BJS

TO PAY BY CREDIT CARD, please fill in the following:

Circle one:

Credit Card #: _____

Name on Credit Card: _____

Expiration Date: _____ CVC: _____

The card verification code is the last 3 digit number located on the back of your card, on or above your signature line.

I authorize CCCGA to make multiple charges based on my 2020 payment option for my dues.

Signature: _____

The CCCGA Frost Service offers a text message option IN PLACE OF A PHONE VOICE MESSAGE.

Below please select how you would like to receive your frost message for 2020.

CHECK ONE OPTION ONLY (CALL OR TEXT) PER PHONE NUMBER

NAME	CALL	TEXT	PHONE NUMBER	RELATIONSHIP

Please list any of your company's partners, foremen, employees, or family members that you would like to receive the Bogside newsletter electronically under your membership:
(use additional sheet if needed)

NAME	EMAIL

Total number of Acres Harvested in 2019:

Number of Acres we have listed for you:

If you have sold your bog, please let us know so you can join as an Associate Member, which is for non-growers.

Who did you sell your bog to?

Name: _____

Address: _____

Phone: _____

Email: _____