

# 2009 Dues Invoice



**Due By  
1/31/2009**

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

Spouse's Name (or co-owner): \_\_\_\_\_

Farm Name: \_\_\_\_\_

City farm is in: \_\_\_\_\_ Nearby Town: \_\_\_\_\_

Primary Mailing Address where VCTGA correspondence will be mailed

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Secondary Address (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

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

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

Type of operation (circle all that apply) Choose & Cut                      Wholesale                      Retail

Do you wish to be included on mailing lists provided to selected vendors? Circle one    yes    no

Membership Dues are **\$115** annually.

Make check payable to **VCTGA**.

Mail Invoice and check to:

**VCTGA**  
**2252 Windsor Avenue, SW**  
**Roanoke VA 24015-2206**