

Maryland Grapes Mail-In Payment Form

Your name:

Address

Street: _____

City: _____ State: _____ Zip: _____

Contact Information

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email associated with your MD Grape Growers membership account:

Alternative email: _____

Grape Grower Information

Grape grower? *(Please mark the correct field with an X)* Yes No

Vineyard name: _____

Vineyard County: _____ Vineyard State: _____

Wine grape acres: _____ Table grape acres: _____

Use of grapes: _____

Membership Level *(Please mark the correct field with an X)*

New Grower \$50 Winery/Vineyard \$65 Business/Associate \$65