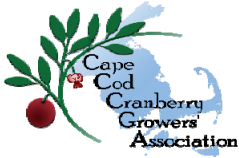


2024 CCCGA Grower Membership Form



Please provide all requested information below.
This will ensure your account information is setup properly in
our membership database. Thank you!

If you have questions, please call the office at (508) 866-7878.

required fields are outlined in red

General account info:

Full Farm/Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Primary Business Phone #: _____

All newsletters and updates are provided to the membership via email.

Please indicate if you do NOT have email and require US Mail for all communications _____

Primary Business Contact Person: _____

this is the person who should receive **ALL membership communications as the main company contact*

Primary Business Contact Email: _____

Primary Business Contact Phone #: _____

Secondary Business Contact Person: _____

this is the second person who should receive **ALL membership communications*

Secondary Business Contact Email: _____

Secondary Business Contact Phone #: _____

Person(s) to receive invoices: _____

this is the person who should receive **invoices for payment.*

Invoice Contact Email: _____

Business Website (*if there is one*): _____

Form continues on back

Membership communication preferences:

Please list company personel (including partners, foremen, employees or family members) that you would like to receive CCCGA information and indicate which electronic communications they should receive.

Name & Email	Newsletter	Event Invitations	General Mailings & Announcements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frost Service information:

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

Please indicate who in your business/family should receive your frost message for 2024.

CHECK ONE OPTION ONLY (*Call Or Text*) PER PHONE NUMBER

<u>Name & Phone #</u>	<u>Call</u>	<u>Text</u>	<u>Relationship</u>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Member Crop Information

Number of barrels harvested in 2023	x Dues Rate	Total Due
	x \$0.32	

*The minimum dues can only be paid by growers that produce/sell **750 barrels or less. \$240.00 Minimum Dues***
In order to pay the minimum dues you MUST list your 2023 production.

Total producing acres: _____

Total acres harvested in 2023: _____

If you had a significant change in producing acreage or a crop disaster in 2023 that affected production, please explain:

Payment option (check one) if not using Handler Payment option:

- Pay in full now:** *Check enclosed* *Please invoice* (the invoice will include a link for the option of paying via credit card)
- 4 equal payments of 1/4 of your total dues** **this option is only available for total dues of \$1000 or more

Handler Payment

Handler payment options MUST be received prior to: January 31, 2024

I authorize my handler to deduct my full 2024 CCCGA dues from my next 2023 crop payment.

This option is available for growers who sell to the handlers below:

	<u>Contract #1:</u>	<u>Contract #2:</u>
Decas	_____	_____
Lassonde/Pappas	_____	_____
Ocean Spray	_____	_____
Refresco	_____	_____

Signature: _____

Date: _____

If you have sold your bog or are no longer actively growing a crop, please let us know so you can join as an Associate Member (for non-growers).

Who did you sell your bog to?

Name _____

Address _____

Phone _____

Email _____

Please return this form with payment to:
CCCGA - 265D South Meadow Road - Plymouth, MA 02360