



ASSOCIATE MEMBER APPLICATION

Firm Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

Products and/or services available to wineries:

Type of organization: Sole Proprietorship
 Partnership
 Corporation
 LLC

Date of application: _____

Check enclosed in the amount of: \$ _____

Application submitted by: _____

Authorized Signature

Name - Please type or print

Title

Active winery members of Wine Institute sponsoring this application:

1. _____
Name Title Winery

2. _____
Name Title Winery