



## WPOA MEMBERSHIP APPLICATION

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

I was referred by \_\_\_\_\_

### MEMBERSHIP CATEGORIES

Check all that apply:

- Shipper
- Grower
- Supplier
- Other: \_\_\_\_\_

Check one of the following Membership types:

- Shipper .....\$1,000.00
- Associate (grower, supplier, etc.) .....\$250.00

### PAYMENT TYPE

- Check:** Please enclose check and mail to **Washington Potato & Onion Association / PO Box 2247 / Pasco, WA 99302**
- Visa/ Master Card:** Please fill out the following and mail to the address above: Name on Card: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp.date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_