

Virginia Pumpkin Growers Association
Membership Application

Name _____

Name of Individual(s) Making Application _____

Mailing Address _____

Phone Number(s) _____

Email _____

Please briefly explain why you want to join the Virginia Pumpkin Growers Association:

County(s) in which you produce pumpkins _____

Number of Acres Produced _____

Are your pumpkins sold wholesale or retail? _____

If you are not a producer, please explain your connection to the Virginia Pumpkin Industry:

Signature of Applicant

Date



Please include membership dues of \$50.00 with this form and mail or deliver to the Virginia Pumpkin Growers Association, 497 Farmers Market Drive, Hillsville, VA 24343. If for any reason you are not accepted as a member, your check will be refunded when you are notified.