

**Association of Warm Season Grass Producers  
Membership Application Form**

Membership type Check one:

**Producer - \$25**

**Business - \$40**

**Supporting Individual - \$10**

Complete the corresponding section below. **PLEASE PRINT**

**Producer Information**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FARM NAME \_\_\_\_\_

TOTAL FARM ACRES \_\_\_\_\_ ACRES OF GRASS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Business Information**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE \_\_\_\_\_

**Supporting Individual Information**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Make check payable to **Association of Warm Season Grass Producers**

Send this application and your check to:

**Hartpence Farms, Judy Box AWSGP, PO Box 155, Moscow, PA 18444**

Signature \_\_\_\_\_ Date \_\_\_\_\_