



MEMBERSHIP APPLICATION

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Grower Membership (not involved with production aspects beyond growing) *Dues*

- | | |
|---|-------|
| <input type="checkbox"/> Grower 1 – State pays USApple full annual assessment (For 2010, these states include CA, ID, MA, MD, MI, MN, NH, NY, OH, OR, PA, VA, VT and WA). | \$0 |
| <input type="checkbox"/> Additional support – Growers with complimentary memberships are invited to give extra support. | \$100 |
| <input type="checkbox"/> Grower 2 – from all other states. | \$200 |

Apple Industry Business Membership

Apple Industry Business Membership is for **all firms that handle apples beyond growing**, such as packers, shippers, sales agencies, brokers, retailers, importers, exporters, processors, etc. Dues rates are based on the volume of apples grown, packed, processed or sold annually. These members are entitled to vote on association matters.

Annual Volume (Please check the box that applies to you):

- | | |
|--|---------|
| <input type="checkbox"/> 1 – 500,000 bushels | \$500 |
| <input type="checkbox"/> 500,001 – 2 million bushels. | \$1,500 |
| <input type="checkbox"/> More than 2 million bushels. | \$2,500 |
| <input type="checkbox"/> Apple business but bushel formula not applicable. | \$500 |

Associate Membership

Associate members are businesses/supplier engaged with the apple industry but not directly involved in the handling/marketing of apples. Examples might include companies which deal in equipment, packaging, crop protection, financial services, nurseries and insurance. These members are not entitled to vote on association matters.

- | | |
|---|---------|
| <input type="checkbox"/> Local Associate Membership – Business conducted in one state. | \$250 |
| <input type="checkbox"/> Regional Associate Membership – Business conducted in four or fewer states. | \$500 |
| <input type="checkbox"/> National Associate Membership – Business conducted in more than four states. | \$2,500 |

Special and Academic/Government Membership

Special Membership is for organizations not directly involved in handling apples, such as trade associations, health and education organizations and institutions, and Chambers of Commerce and other business groups. Academic/Government Membership is for *individuals* associated with an educational institution or government agency.

- | | |
|---|-------|
| <input type="checkbox"/> Special Membership | \$500 |
| <input type="checkbox"/> Academic/Government Membership | \$100 |

Young Apple Leader Program Support

- | | |
|--|----------|
| <input type="checkbox"/> Young Apple Leader Program (cultivating future apple industry leaders). | \$ _____ |
|--|----------|

Dues Payment

- Payment enclosed, in U.S. funds, drawn on a U.S. bank, payable to U.S. Apple Association
 American Express Visa Master Card Discover

Card # _____ Exp. Date _____ Total Payment \$ _____

Return with your payment to USApple by fax (703-790-0845), mail (8233 Old Court House Road, Suite 200, Vienna, VA 22182) or e-mail (membership@usapple.org).

Note: Approximately 25 percent of USApple dues are used for lobbying activities and are not tax deductible. All membership applications are subject to approval by the association's Board of Directors.

***Please list additional company employees on the other side of this form.**

Additional Employees

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

First Name _____ Middle Initial _____ Last Name _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____