



ALABAMA WINEMAKERS AND GRAPE GROWERS ASSOCIATION
MEMBERSHIP APPLICATION FORM

(Please print this form, complete and mail to the address at the bottom)

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

The AWGA Membership will be published annually in the *Newsletter*.
Please specify the information you wish included in the Directory.

Include All Info _____ Omit Phone# _____ Omit Address _____ Omit Email Address _____ Omit All _____

Membership fees are \$25 –includes spouse.
(Make check payable to **AWGGA**)

Paul Downs
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