



40 Fourth Street, #284, Petaluma, CA 94952

2025 PGWA MEMBERSHIP APPLICATION/RENEWAL FORM & INVOICE

Primary Contact Names: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website (if applicable): _____

Please use the form below to enter your membership information and calculate the amount you owe.
 You can then mail it with your check to the address at the top of this page,
 or scan and email it us at CHERYL@PETALUMAGAP.COM.
 Please note all memberships are based on the calendar year (Jan-Dec).

ASSOCIATE BUSINESS MEMBERSHIP

| Type | Dues Owed | Benefit Levels | Type |
|-------|-----------|---|-------|
| Basic | \$400 | News, awards, announcements included in the monthly newsletter Listing with hotlink on the PGWA Website Invitation to Annual Meeting | Basic |
| Elite | \$800 | All of the Basic Benefits plus Tickets to All Educational/Networking Seminars One banner ad per year in the newsletter Opportunity to attend Board of Director Meetings on request | Elite |

- Payment by check enclosed (make payable to Petaluma Gap Winegrowers Alliance and mail to the address on front)
- Please charge* my Credit Card # _____ Exp Date _____ CVV _____ Zip _____

 Authorized Signature for this Credit Card

***Payment by credit card incurs a 3.5% service fee**