



40 Fourth Street, #284, Petaluma, CA 94952

2025 PGWA FRIENDS (CONSUMER) MEMBERSHIP APPLICATION FORM & INVOICE

Single Member Name: _____

If Duo, Add 2nd Name: _____

Mailing Address: _____

Phone: _____

Email Address #1 _____

Email Address #2 _____

Payment can be made by mailing this form with your check payable to the Petaluma Gap Winegrowers Alliance to the address at the top of this page, or by scanning and emailing it us at CHERYL@PETALUMAGAP.COM.

CONSUMER MEMBERSHIP ("FRIEND OF PGWA")

SINGLE = \$50

DUO = \$100

Please note all memberships are based on the calendar year (Jan-Dec).

Payment by check

Please charge my Credit Card # _____
(we will add 3.5% to cover the credit card fee)

Exp Date _____ CVV _____ Zip _____

Authorized Signature for this Credit Card