



2011/2012 ASSOCIATE MEMBERSHIP FORM

Name _____ Company _____

Please list additional key employees:

Mailing Address _____

E-mail _____ Phone (____) _____ Fax (____) _____
E-mail addresses will be used only for distribution of critical membership information.

ASSOCIATE members are non-grower entities, industry affiliates or individuals interested in advancing the American Pistachio Growers' mission.

Dues are renewable December 1 of each year

\$500.00

I WOULD PREFER TO BE INVOICED

APG dues and assessment rates are fixed annually by the Board of Directors prior to the start of each crop year (September 1 - August 31).

I hereby apply for membership in American Pistachio Growers and agree to abide by its Bylaws.

Signature _____ Date _____

**Please mail this form with payment to:
American Pistachio Growers; 7030 N. Fruit Avenue, Suite 117; Fresno, CA 93711
If you have any questions, please contact our office at (559) 475-0435.**

THANK YOU FOR YOUR SUPPORT!