



# WESTERN PISTACHIO ASSOCIATION ASSOCIATE MEMBERSHIP FORM

*Our Mission: To provide programs and policies that assure the long-term viability of members and stakeholders of the U.S. pistachio industry - providing healthy, nutritious pistachios to consumers worldwide.*

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.*

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**ASSOCIATE members are non-grower entities, industry affiliates or individuals interested in advancing the Western Pistachio Association's mission.**

*Dues are renewable December 1 of each year*

**\$500.00**

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**I WOULD PREFER TO BE INVOICED**

*WPA Dues and Assessment rates are fixed annually by the WPA Board of Directors prior to the start of each crop year (September 1 - August 31).*

*I hereby apply for membership in the Western Pistachio Association and agree to abide by its Bylaws.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form with payment to:  
Western Pistachio Association; 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!**