

Indiana Vegetable Growers Association

Membership Renewal/Application

To renew or join, fill out the form below and send in with your check payable to IVGA. Memberships run January – December.

Your contact information will be included in the membership directory and used for IVGA correspondence.

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Tel: _____

Email: _____

Web: _____

Would you like to receive **free subscriptions** to trade magazines that may be offered to IVGA members? If yes, we will provide your address to publishers who offer this. Yes No

Payment Form

Membership Dues

Regular, \$20/year \$____.00

Industry/Corporate, \$80/year \$____.00

.....
Total Due \$____.00

Make check payable to:

Indiana Vegetable Growers Association (IVGA).

Return to:

Indiana Vegetable Growers Association

PO Box 1321

Valparaiso, IN 46384-1321

Questions? Call 219-508-1429 or email ivga@ivga.org

What issues are important to you? Let us know!

Office Use Only: Check no. _____ Check Date _____

Date Received: _____ Received by: _____