



WPOA MEMBERSHIP APPLICATION

COMPANY NAME: _____

CONTACT PERSON(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

WEBSITE: _____

I was referred by _____

MEMBERSHIP CATEGORIES

Check all that apply:

- Shipper
- Grower
- Supplier
- Other: _____

Check one of the following Membership types:

- Shipper\$1,000.00
- Associate (grower, supplier, etc.)\$300.00

PAYMENT TYPE

- Check:** Please enclose check and mail to **Washington Potato & Onion Association / PO Box 2247 / Pasco, WA 99302**
- Visa/ Master Card:** Please fill out the following and mail to the address above: Name on Card: _____ CVV Code: _____
Card #: _____ Exp.date: _____ Billing Zip Code: _____