



40 Fourth Street, #284, Petaluma, CA 94952

FRIENDS OF PGWA
MEMBERSHIP 2020 APPLICATION & INVOICE

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please use the form below to enter your membership information and calculate the amount you owe for 2020 membership in PGWA.

You can then mail it with your check to the address at the top of this page, or scan and email it us at MEMBERSHIP@PETALUMAGAP.COM.

Please note all memberships are based on the calendar year (Jan-Dec). If you join in November or December, your membership will be carried forward to December 2020.

CONSUMER MEMBERSHIP ("FRIENDS OF PGWA")

Mark with an X	Type	Dues Owed	
	Single	\$35	Your Name: _____
	Couple	\$70	Spouse's Name: _____

Payment by check enclosed (make payable to Petaluma Gap Winegrowers Alliance and mail to the address above)

Please charge my Credit Card # _____ Exp Date _____ CVV _____ Zip _____

Authorized Signature for this Credit Card