

WESTERN CAROLINAS HORTICULTURAL ALLIANCE
Membership Application

Date: _____

Name: _____

Company: _____

Mailing Address: _____

Street Address: _____

City: _____ **State:** _____

Zip: _____

Area Code & Phone: _____

Fax: _____

Toll Free: _____

Mobile: _____

E-Mail: _____

Website: _____

Crops Offered: _____

WCHA Membership Application Pg. 2

Directions: _____

Signatures of Two (2) WCHA member sponsors:

Membership Dues:

_____ Green Goods: \$250.00 per year
_____ Allied Dues: \$250.00 per year

Please make your check payable to Western Carolinas Hort. Alliance and mail to:

WCHA
4 Chicorana Road
West Columbia, SC 29169-7402