



**Placer County Vintners Association**  
**Associate Membership Form**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Additional emails for newsletter: \_\_\_\_\_

Brief description of your business and interest in joining PCVA:  
\_\_\_\_\_  
\_\_\_\_\_

Annual Associate Membership Dues are \$350. Please submit payment with application. Make check payable to: PCVA Box 811 Auburn, Ca 95604