

MCTA Annual Membership Application

SECTION I: CONTACT INFORMATION

REQUIRED – For Association Use Only

This information is required for billing and contact purposes. All members must complete this section.

First Name(s): _____ Last Name: _____

Farm Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone #(s): _____ E-Mail: _____

SECTION II(a): FARM INFORMATION

OPTIONAL – For Listing on MCTA Website

Complete this section only if you would like your farm information to be listed on our website.

Yes, I want a free listing on the MCTA website

Farm Name: _____

Farm Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Farm Telephone #(s): _____ Farm E-Mail: _____

Farm Website: _____

SECTION II(b): *Additional farm information (optional – many growers opt to simply direct customers to their own website in this section vs. maintaining this type of information in multiple places)*

Open Dates & Hours: _____

Directions: _____

Tree Types Available: _____

Special Features: (ex: taking, shaking, wrapping, gift shop, wreaths, roping, accessories, petting farm, hayrides, Santa, etc.)

Wholesaler Information (if applicable):

Species Available: _____

Size/Quantity/Grade of Each: _____

SECTION III: VENDOR INFORMATION

OPTIONAL – For Listing on MCTA Vendor Page

Complete this section only if you are an industry vendor and would like your vendor business information to be listed on our website vendor page.

Yes, I want a free listing on the MCTA website vendor page

Vendor Name: _____

Products/Services: _____

Website and/or Phone: _____

Once completed, please send to Association Secretary @ MassCTASecretary@gmail.com. You will receive a response within 24 hours which will include dues payment instructions. Your information will be updated on our website and added to our distribution lists as soon as administratively possible after both application and payment are received. **THANK YOU!**