

MCTA Annual Membership Application/Renewal Dues: \$60

PLEASE PRINT CLEARLY

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: _____ Last Name: _____

Farm Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

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

SECTION II: FARM INFORMATION OPTIONAL - For Listing on MCTA Web Site

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

Yes, I want a free listing on the MCTA Web Site.

Farm Name: _____

Farm Address: _____

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

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

Farm Web Site: _____

Open Dates & Hours: _____

Directions: _____

Tree Types Available: _____

Special Features: (ex: tagging, 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 Web Site Vendor Page

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

Yes, I want a free listing on the MCTA Web Site Vendor page.

Vendor Name: _____

Products/Services: _____

Web Site or Phone: _____

Please mail this form with \$60 check made payable to MCTA no later than August 1st to:

Julie Gauld
PO Box 242
Sterling, MA 01564

THANK YOU!