



State and Regional Association Advisory Council

Membership Form

Please complete this membership form and return.

Name of Association:		
Representative's Full Name:		
Title:		
Email:		
Phone:		
Policy Advisor's Full Name (if applicable):		
Title:		
Email:		
Phone:		
Address:		
City:	State:	Zip:
Main Telephone:	Fax:	
Website Address:		
In a few lines, please tell us about the mission of your association:		

Find Your Membership Level

Dues are based on the number of members in an Association.

WineAmerica does not represent members of an association through the SRAAC.

If you have members who seek the benefits of WineAmerica membership, please have them contact Tara Good at the email address listed below.

\$600 minimum for Associations with 50 members and under.

\$12 per member for Associations over 50 members.

Rates have been set to cater to the financial difficulty many associations face. If you find the SRAAC valuable and are in the position to do so, any additional contributions are very appreciated.

Number of members: _____ = \$ 600

Number of members: _____ X 12 = \$ _____

Additional contribution: _____ = \$ _____ *Thank you!*

If your organization requires an invoice with specific language, don't hesitate to contact us.

Please send this form and payment to:

WineAmerica
818 Connecticut Ave. N.W. #1006
Washington, D.C. 20006

For billing inquiries: Tara Marie Good, Director of Operations, tgood@wineamerica.org, 202.223.5175