



2017 Grower Member Application

Business Name: _____

Contact/Voter name: _____

Number of acres: _____

Mailing Address: _____

Telephone number: _____

Fax number: _____

Email address: _____

I hereby subscribe to become a Grower Member of the Highlands County Citrus Growers Association, Inc. (HCCGA), a non-profit corporation for 2017. It is understood that my annual membership is \$2.00 per acre, with a minimum of \$100.00 and a maximum of \$2,000.00, per calendar year. I certify the citrus acreage figure I have entered above is correct. As a Grower Member of HCCGA, I will have all of the rights and privileges of a voting member. I further agree to abide by the By-Laws and rules of the organization.

Signed _____

Date _____

Please make check payable to: Highlands County Citrus Growers Association and attach to this application. Please mail to the address below.

6419 U.S. Highway 27, South ~ Sebring, FL 33876

863-385-8091 ~ fax 863-385-6829

THANK YOU FOR YOUR SUPPORT OF HCCGA!