



2024 Associate Membership

Business Name: _____

Contact person: _____

Mailing Address: _____

Phone number: _____ Fax Number: _____

Mobile number: _____

Email address: _____

Web Site address: _____

Business type: _____

Business Bio: _____

I hereby subscribe to become an Associate Member of the Highlands County Citrus Growers Association, Inc. (HCCGA), a non-profit corporation. It is understood that my 2024 annual membership dues are \$100 per year. As an Associate Member of HCCGA, I will have all of the rights and privileges of a voting member, except the right to vote or hold office. 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 US Hwy 27 South ~ Sebring, FL 33876

863/385-8091 ~ fax 863/385-6829 ~ admin@hccga.com

Thank you for your support of HCCGA!