



## **2024 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 2024. 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!**