



COMMERCIAL AGRICULTURAL EMPLOYER MEMBERSHIP APPLICATION

Organization/Business Name: _____

Contact person(s): _____

Mailing address: _____

Town: _____ State: _____ Zip: _____

UPS street address: _____
(for deliveries -if different from mailing address)

Phone number: _____ Fax number: _____

Please list all employee names and e-mail addresses that you would like to receive e-mail bulletins. If there is not enough room please write on the back of this form.

Name & E-mail: _____

Name & E-mail: _____

Name & E-mail: _____

Please circle type of business:

PRODUCE PACKER/SHIPPER WAREHOUSE/STORAGE PROCESSOR/WINERY

Please circle type of product:

TREEFRUIT VEGETABLES ANNUAL PRODUCTS WINE NURSERY
OTHER

This application is for commercial (non-farm) employment and the premium is based on "full time equivalent" employees. The dues are \$25.00 per FTE. Please use the worksheet below to help calculate your dues:

| | |
|--|---------------------------------------|
| TOTAL ANNUAL EMPLOYEE WORK HOURS _____ | ÷ 2080 HRS. = |
| FULL TIME EQUIVALENTS _____ | x \$25.00 = |
| | \$250.00 For 10 or fewer FTE's |
| | \$3,000.00 maximum |

Make check payable to: WGL, 406 W. Chestnut, Yakima, WA 98902

**Membership runs for one year from the date of receipt of this renewal form by
Washington Growers League.**

Questions? Please call us at (509) 575-6315. Thank you.