



2010 WATAUGA COUNTY CHRISTMAS TREE ASSOCIATION MEMBERSHIP APPLICATION

*Please fill out this form completely and return with your check by March 15.
This information will be used on the association's website.*

Member's Name _____

Spouse's Name _____

Business Name _____

Address _____

E-Mail Address _____ Internet Address _____

Phone _____ Fax _____

Would you be willing to serve on the WCCTA Board of Directors? _____

If so, would you serve as an officer? _____

Would you serve as a committee member? _____ If so, what committee? (Please check)

Please check appropriate category:

Grower (\$40)

Grower and Spouse (\$55)

Allied Business (\$40)

_____ Marketing & Publicity -- *This committee will help with advertisements for educational meetings, help to keep the association website updated, help to create a marketing brochure, gather information on trade shows, and work on the buy-sell directory.*

_____ Membership -- *This committee will recruit new members to the association.*

_____ Educational Programs & Research -- *This committee will assist the Extension Agent by suggesting topics for educational programs and research related needs.*

_____ Finance, Newsletter, & Social -- *This committee will solicit sponsorships for the educational meetings and the annual meeting, solicit advertisements for the quarterly association newsletter, and will assist the Extension Agent in the content of the association newsletter.*

_____ Choose & Cut -- *This committee will work to promote the choose and cut industry in Watauga County. This includes attending trade shows and overseeing the content, layout, and printing of the annual choose and cut brochure, etc.*

List any educational meetings you would like to have presented in the future.

List any other ideas or ways that the association could help you.

(SEE OTHER SIDE)

Section 1: GROWERS

(Number of trees for sale by species)

FRASER FIR (list number)	WHITE PINE (list number)	OTHER No. & Type	Size	MINIMUM LOAD SIZE _____
___ Seedlings	___ Seedlings	_____	___	MAIL ORDER AVAILABLE? _____
___ Transplants	___ Transplants	_____	___	WREATHS, ROPING, ETC. _____
___ Tabletop	___ Tabletop	_____	___	_____
___ 4-5'	___ B&B (sheared)	_____	___	_____
___ 5-6'	___ B&B (s.sheared)	_____	___	_____
___ 6-7'	___ Size Range	_____	___	_____
___ 7-8'				
___ 8-9'				
___ 9-10'				
___ 10 +'				

Section 2: BUYERS

(Types of Trees to be Purchased)

FRASER FIR (list number)	No. & Type	OTHER	Size	WREATHS, ROPING, BOUGHS, ETC.
___ Sizes Wanted	_____		___	_____
___	_____		___	_____
___	_____		___	_____
___	_____		___	_____

Section 3: NURSERIES

ORNAMENTALS

(Please specify species, size, and number)

_____	_____
_____	_____
_____	_____
_____	_____

Section 4: CHOOSE & CUT

Are you interested in participating in the Choose & Cut program? ___ yes ___ no

(If so, more information will be mailed to you later in the year.)

Section 5: ALLIED BUSINESS

Product/Service Description: _____

Return this completed form with your payment to:

Watauga County Christmas Tree Association
971 West King Street
Boone, NC 28607