

Tempranillo Advocates, Producers and Amigos Society (TAPAS)

Membership Application Form

Name of person/organization:

Last name/organization name: _____ First: _____ MI: _____

If organization, provide name of the official "voting" representative to TAPAS: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Mobile Phone: _____ E-mail Address: _____

Website: _____

Your reason(s) for wanting to become a member of TAPAS: _____

Special interests and skills as a member you can offer TAPAS: _____

What do you think should be the goals and objectives of TAPAS: _____

I am applying for membership as:

Winery **annual dues \$100 dollars** AVA where Winery is located: _____

Approximate Case production of Tempranillo and other Iberian Grape(s) based wines: _____

Acreage of Tempranillo and other Iberian Grape(s) grown in your vineyards: _____

Cultivars of Tempranillo and other Iberian varieties grown: _____

Fruit, Purchased, i.e. tons of Tempranillo, other Iberian varieties: _____

Grower **annual dues \$100 dollars** AVA where vineyard located: _____

Acreage of Tempranillo and other Iberian Grape(s) grown in your vineyards: _____

Approximate tonnage of Tempranillo and other Iberian Grape(s) grown: _____

Cultivars of Tempranillo and other Iberian varieties grown: _____

Amigo **annual dues \$100 dollars**

Basis of your interest in Tempranillo and or grapes and wines of the Iberian Peninsula: _____

I (approve ___) (do not approve ___) of my information being published on the TAPAS web site.

Date: _____ Signature: _____

Return Form & Check to:

Les Martin, 11777 Hwy. 238, Jacksonville, OR 97530