

# FLORIDA STRAWBERRY GROWERS ASSOCIATION Grower Membership Application

GROWER NAME \_\_\_\_\_

FARM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

ACRES \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to pay the Association \$50.00 per acre of strawberries grown. For the purposes of this agreement, an acre of strawberries is the equivalent of 10,900 linear feet of plastic laid for the production of strawberries, or 18,000 plants, whichever is appropriate.

Dues are payable to the Association at a rate of \$50.00 per acre in four monthly payments. The payments are due on the 1<sup>st</sup> of each month, beginning with January and ending in April of each year.

I understand that my membership will continue indefinitely, unless I choose to discontinue my membership under the terms of this agreement.

I understand that I must be a member in good standing to participate in Association sponsored programs and to receive Association rebates or dividend refunds.

I have the option of discontinuing my membership during the period of July 1 through November 1 prior to each berry deal.

I hereby provide permission for ANY handler of my berries to deduct the aforementioned assessment and forward it to the Association.

Enacted on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
Title \_\_\_\_\_

WITNESS \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

For Office Use Only:  
Applicant's Current Handler \_\_\_\_\_

Mail To: FSGA – PO Drawer 2550 Plant City Fl 33564

Fax To: 813-752-2167