

Please complete the application, sign, save a copy for your records, and submit to liz@wallawine.com. We're happy to help with any questions, please call the office at (509) 526-3117.

2025-26 GROWER MEMBERSHIP APPLICATION

Grower Members: Annual Wine Alliance grower memberships are \$250 per vineyard.

APPLICANT INFORMATION			
Owner/Vineyard Manager/GM Contact Name(s):			
Vineyard Name(s) Applying for Membership:			
WWVWA Primary Contact Email:			
Physical Address:			
City:	State:		ZIP Code:
Total Number of Acres Planted:	Varietals Plar	ited:	
Has your acreage changed since this time last year?	Yes	No	
Please list the number of acres planted of each varietal:			
Would you like to be considered to host the annual Membership Vineyard Tour in July?	Yes	No	
Would you like to be considered to host vineyard tours for media when opportunities arise?	Yes	No	
Please list any options or ideas for hosting guests at your vineyard (i.e. covering & tables available for hosting a meal, hands-on activity, a unique attribute that sets your vineyard apart):			
Mailing Address (if different from physical address):			
City:	State:		Zip:
GROWER MEMBER APPLICATION SIGNATURE By signing below, you confirm you have read and agreed to all WWVWA by-laws on behalf of your business, and all provided numbers are accurate.			
Name of individual completing application:			Title:
Signature of applicant (electronic accepted):			Date: