



# 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 \_\_\_\_\_

**Please check appropriate category:**

Grower (\$50)

Grower and Spouse (\$60)

Allied Business (\$50)

**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: NURSERIES**

**ORNAMENTALS**

(Please specify species, size, and number)


**(SEE OTHER SIDE)**

**Section 3: BUYERS**

(Types of Trees to be Purchased)

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

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 6: OTHER**

Would you be willing to serve on the WCCTA Board of Directors? \_\_\_\_\_  
If so, would you serve as an officer? \_\_\_\_\_

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.  
\_\_\_\_\_  
\_\_\_\_\_

**Return this completed form with your payment to:**

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