

INDIANA NUT GROWERS ASSOCIATION

INGA Membership Form

DUES: \$7 Annually or Lifetime Memberships \$100

New Member () Lifetime () Renewal () Address Change () Show Internet Referral
Please Check Box(s) That Apply () () ()
How Did You Learn of INGA?

Payment \$ _____ () _____
CASH Check # The Year(s) Paying For

Name: _____ Date: _____
Spouse's Name

Street Address: _____

City: _____ State: _____ Zip: _____ County _____

E-mail Address: <_____>

Country _____ () () ()
(Other Than USA) Kernel Format: Mailed E-mail both Mail & E-mail

Home Phone No.: _____

Please complete this Form and include your Check made payable to **INGA----Send To:**

Samuel Dodd, Treasurer, 302 N. Franklin Rd., Indianapolis, IN 46219

Your Membership expires December 31 of the year listed on your address label.