

# THE GEORGIA GROWN TRAIL: 41 ASSOCIATION, INC. MEMBERSHIP APPLICATION

*Please complete all sections.*

**ANNUAL MEMBERSHIP FEE: \$100.00**

Name of Agritourism Related Business:

Type of Membership: *(Please check one)*

Agritourism Attraction     
  Chamber/Government/Tourism Agency     
  Commercial/Industry     
  Other  
 Farm to Table Restaurant     
  Agritourism Related Retail     
  Individual     
 \_\_\_\_\_

Contact Person or Owner:

Business Phone: (    )	Business Fax: (    )	Cell: (    )
------------------------	----------------------	--------------

Physical Address:

City:	State:	ZIP Code:
-------	--------	-----------

Mailing Address:

City:	State:	ZIP Code:
-------	--------	-----------

Email Address:

Website Address:

Please describe your agritourism business:

What makes your agritourism business unique?

Do you market local grown products?    YES    NO    Where?

Is your operation open year round?    YES    NO    Seasonal?    Winter    Spring    Summer    Fall

Please indicate the days of the week you are open:    S    M    T    W    T    F    S    What are your hours?

Do you have restroom facilities that can accommodate the public?    YES    NO

Do you have parking to accommodate the public?    YES    NO

Would you be interested in entertaining group tours in addition to hosting the public traveling on their own?    YES    NO

Do you carry Business Liability Insurance?    YES    NO

Do you currently advertise?    YES    NO    Where?

### SIGNATURE OF APPLICANT REPRESENTATIVE

I, \_\_\_\_\_, am interested in becoming a part of THE GEORGIA GROWN TRAIL: 41 ASSOCIATION, INC. and would like my business to be advertised, promoted and listed in any marketing items utilized by this endeavor.

I, \_\_\_\_\_, also agree for the release of the information shared in this business information sheet to be utilized in this project for planning, marketing and promotion.

**SIGNATURE OF OWNER OR BUSINESS REPRESENTATIVE:**

**DATE:**

_____	_____
-------	-------

**PLEASE MAIL YOUR APPLICATION AND CHECK TO: THE GEORGIA GROWN TRAIL: 41 ASSN, Selina Hall, 209 Chapman Rd., Byron, GA 31008**

### FOR OFFICE USE ONLY

APPLICATION RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ MEMBERSHIP FEE PAID? \_\_\_\_\_ DATE PAID? \_\_\_\_\_

DEPOSITED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**PLEASE NOTE: THE MEMBERSHIP FEE DOES NOT INCLUDE COST OF ADVERTISEMENTS IN THE TRAIL BROCHURE!  
THERE WILL BE AN ADDITIONAL CHARGE FOR INCLUSION IN THE TRAIL BROCHURE.**