



Hawaii Tropical Fruit Growers 2008-09 Membership Form

PROVIDE MEMBER INFORMATION

_____ Name	_____ Business Name
_____ Spouse/Partner Name	_____ Phone #1
_____ Mailing Address	_____ Phone #2
_____ Physical Address	_____ Email
_____ City, State, Zip	_____ Products you normally have available

INDICATE YOUR (ONE) MEMBERSHIP CATEGORY

Membership includes spouse/partner. Annual Dues are based on Membership Categories.

Grower Membership

An HTFG GROWER Membership is for those who grow tropical fruit or tropical fruit plants in Hawaii and whose gross annual income is **less than** \$1,000.

Annual Dues: \$35

General Membership (indicate only one)

An HTFG General Membership is for those who are active in the tropical fruit industry in Hawaii and whose gross annual income is \$1,000 or greater.

There are 3 categories of General Membership

Annual Dues: \$100

- Commercial Grower**
- Packer**
- Manufacturer / Processor**

Adds value to the product, e.g. by somehow changing its form by pureeing, preserving, drying, etc. with 50% of their business in tropical fruit in the state of Hawaii.

Associate Membership

An HTFG ASSOCIATE Membership is for those in or outside the state of Hawaii and associated with the tropical fruit industry. This may be through government service, educational and research services that provide information, technical instructions and other related services, and/or supply services. Associate members are non-voting.

Annual Dues: \$75

INDICATE YOUR CHAPTER CHOICE

Chapters receive \$10 of the yearly membership fee

You are welcome to attend any chapter meeting.

If you wish to belong to more than one chapter, please indicate your primary and secondary chapters clearly.

Active Chapters

- East Hawaii _____
- West Hawaii _____
- Cacao _____
- Kauai _____

Inactive Chapters (Less than 5 members)

- Maui _____
- Oahu _____

Please indicate here if you would be interested in participating in possible new chapters:

- Hearts of Palm Avocado Mango

INDICATE YOUR PAYMENT METHOD

<u>Method of Payment</u>	
	Check - made out to HTFG
	MasterCard
	VISA
Credit Card No.	Exp. Date
<p>_____</p> <p>Name as it appears on credit card</p> <p>Please Print Clearly</p>	
<p>_____</p> <p>Signature</p>	

RETURN THIS FORM TO:

Hawaii Tropical Fruit Growers
 c/o Ken Love
 PO Box 1162
 Captain Cook, Hi. 96704

 Phone: 808-323-2417
 Email: kenlove@kona.net
 www.hawaiitropicalfruitgrowers.org