



**NC SPA**  
**Attention: Dr. Art Bruneau**  
**Campus Box 7620**  
**Raleigh, NC 27695**  
**Telephone 919-302-7971**  
**FAX: 919-515-5315**  
**www.NCSOD.org**

## 2017-2018 Annual Associate Membership Form

**Due Date: By July 31, 2017**

Annual Dues: July 1, 2017 - June 30, 2018

### NC SPA Annual Associate Membership:

The information that you provide below is used to create your company's listing on the ncsod.org website and in the NCSPA Members Directory. Please print clearly. If you are renewing, please refer to your current www.ncsod.org listing for accuracy & consistency.

### -----I N V O I C E-----

**NCSPA Associate Member Dues\*: \$375.00**

*\*(Includes NC SPA Membership, Allied Association Fees, and Gathering of Friends.)*

Additional Voluntary Donation to NCSPA \$ \_\_\_\_\_

Total = Membership Dues + Voluntary Donation \$ \_\_\_\_\_

Make check payable to **NC Sod Producers** and mail the entire form to:

*NC Sod Producers Association*

*ATTN: Art Bruneau*

**Campus Box 7620**

**Raleigh, NC 27695**

Check# \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

#### Member listed in NC SPA marketing as follows:

Company Name: \_\_\_\_\_

Owner/Mail Contact: \_\_\_\_\_ owner email: \_\_\_\_\_

Individual/Participant's Name (if different from above): \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Company website: **www.** \_\_\_\_\_

Products offered to the Sod Industry: \_\_\_\_\_