

Membership Application

Missouri Nut Growers Association

Name: _____ Spouse: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Email: _____

We manage: _____ acres of nut trees in _____ (County) in _____ (State)

We grow:

(Check all that apply) Walnut ☐; Pecan ☐; Hickory ☐; Chestnut ☐; Other nuts ☐ (list)

We sell nuts: (Check all that apply) Wholesale ☐; Retail ☐; Not at this time ☐;

Special scion wood: Looking for _____;

Available _____;

Please check which of the following should **not** be included in the next MNGA list:

Address ☐; Telephone ☐; Email ☐; Species grown: ☐; Sales info: ☐;

Payment enclosed to cover:

Years Total
(\$15/year) x _____ = \$_____ MNGA annual dues with **e-mailed PDF** newsletter

or

(\$20/year) x _____ = \$_____ MNGA annual dues with **mailed PRINTED** newsletter

(\$20/year) x _____ = \$_____ (optional) *Pecan Grower* magazine (6 issues/year)

\$_____ (optional) Voluntary contribution to Special Fund

Total = \$_____

☐ Action In Agroforestry Newsletter from MU Center for Agroforestry (check if you would like to receive this **free e-mail** publication. Make sure your e-mail is listed above)

Make checks payable to:

MNGA or The Missouri
Nut Growers Association

Mail to:

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120 Dene Drive
Columbia, MO 65201