

**Jefferson County Truck Growers Association
Membership Agreement
2025 - 2026**

MEMBER NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

CONTACT PHONE _____

FARM ADDRESS: _____

FARM NUMBER: _____

THIS CERTIFIES THAT THE ABOVE NAME AND ADDRESS HAS BEEN ACCEPTED BY THE BOARD OF DIRECTORS, PAID HIS/HER DUES, AND IS A MEMBER OF THE JEFFERSON COUNTY TRUCK GROWERS ASSOCIATION FOR THE PERIOD OF JUNE 1, 2025 - MAY 31, 2026. AS A MEMBER HE/SHE IS ENTITLED TO ALL THE RIGHTS, BENEFITS, AND PRIVILEGES AS SET FORTH IN THE BY-LAWS AND RULES AND REGULATIONS OF THE ASSOCIATION.

IN CONSIDERATION OF THE PREMISES THE MEMBER AGREES:

- A. ABSOLUTELY TO ABIDE BY AND COMPLY WITH THE PROVISIONS OF THE BY-LAWS AND RULES AND REGULATIONS OF THE JEFFERSON COUNTY TRUCK GROWERS ASSOCIATION AND THE DECISIONS AND RESOLUTIONS ADOPTED BY THE BOARD OF DIRECTORS FOR THE MANAGEMENT AND CONTROL OF THE AFFAIRS AND BUSINESS OF THE ASSOCIATION AS PROVIDED IN TITLE 2 CHAPTER 10, ARTICLE 4 OF THE 1975 CODE OF ALABAMA.
- B. THAT THIS MEMBERSHIP SHALL BE PERSONAL TO AND EQUAL IN RIGHTS AND SHALL NOT BE TRANSFERABLE, ASSIGNABLE, VENDABLE, INHERITABLE, DIVISIBLE, OR SEIZABLE, AND SHALL HAVE ONE VOTE ONLY.

Dues & Block Rent	Amount	Payment Received	Office Use
Membership Dues	\$25.00		
Yearly Block Rent	\$300.00		
SHED_____ BLOCK_____			

Wade Whited, President

Kevin Sims, Operations Manager

By signing this agreement, I acknowledge that I have received, read, and signed a copy of the Market Rules and Regulations. I also agree to submit an Annual Crop Report by February 28th annually. In addition, all dues must be paid as described by the Rules and Regulations.

IN TESTIMONY OF OUR AGREEMENT WE HAVE HEREUNTO AFFIXED OUR SIGNATURE THIS _____ DAY OF _____, 2025.

MEMBER SIGNATURE, JEFFERSON COUNTY
TRUCK GROWERS ASSOCIATION

WITNESS

JEFFERSON COUNTY TRUCK GROWERS ASSOCIATION ANNUAL CROP REPORT

Farmer's Name: _____ Farm# _____

Farm Address: _____

CROP	ACREAGE	EXPECTED PLANT DATE	EXPECTED HARVEST DATE	CROP/FIELD ADDRESS/ FARM #

CROP	ACREAGE	EXPECTED PLANT DATE	EXPECTED HARVEST DATE	CROP/FIELD ADDRESS/ FARM #

FARM SUBJECT TO INSPECTION AT ANY TIME

Signature: _____

Date: _____

JEFFERSON COUNTY TRUCK GROWERS ASSOCIATION
MEMBER CONTACT FORM

NAME _____ DOB: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

FARM ADDRESS: _____

FARM NUMBER: _____

ALTERNATE CONTACT

NAME: _____

RELATION: _____

PHONE NUMBER: _____

SIGNATURE: _____ DATE: _____