Viticulture Associ	intion of the	Santa Cruz Mountains
- Mem	bership Form	for 2018 -
Υ.	nual and due at the be	5 5 , , ,
Name:		
out completely.		ew information. New membership, fill
Vineyard/Winery Name:		
Address:		
Phone:(Home)	(Work)	(Cell)
E-mail:	Website:	
Date vineyard established:	Do you sell your gr	rapes commercially (yes/no)?
Are you a home winemaker (yes/no)	? Are you a comm	ercial winery (yes/no)?
What varietals are you growing in the what is your average total tonnage/a		ins, how much in acreage for each, and ?
Varietal/Acreage/Total Average Tonn	age 2017 Harvest	Yield Harvest State Date
///////		
///		
///		
More vineyard information: chec	k here if same as las	st year otherwise fill in.
Total vineyard acreage:	_ Elevation	Soil composition:
Ave. daily temps during growing sea	son: Day:	Night:
All day sun/fog Irrigated/dry-farmed	d Organic?(certified?	?)/Biodynamic?
Sustainable practices:		Do
you have a weather station? Yes No	Do you track histo	orical data w/it? Yes No Can
you share your weather data electro	nically? Yes No	
What program topics are you interest	sted in for 2018?	
All information p	provided is confide	ntial to the VASCM.
Please return with you		hip fee of \$50 payable to:
P.O. Box 8	VASCM: 092, Santa Cruz, CA	95061-8092