

Craft Brew Guild of Grapevine

MEMBERSHIP APPLICATION

Name:

Address:

City:

State:

ZIP Code:

Email:

Date of birth:

Phone:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

MEMBERSHIP DUES

Initial: \$60

Renewal: \$25

Date Paid:

Shirt size:

MEMBERSHIP TERMS

- I will support Grapevine events by volunteering 12 hours and attending at least 5 meetings.
- Within the next 45 days, I will complete the Texas Alcohol and Beverage certification.

SIGNATURES

Date: