



CENTRAL OTAGO WINEGROWERS ASSOCIATION (INC.)

Executive Officer: Natalie Wilson
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APPLICATION FOR CENTRAL OTAGO WINEGROWERS ASSOCIATION MEMBERSHIP

Surname:

First name:.....

Company name: (if applicable).....

Postal Address:.....

Telephone **Fax**

Email

Applying as FULL MEMBER.....Yes/No. **Applying as Associate Member**.....Yes/No.

Do you have a winemaker's license?

Location of winery

Name of Winemaker

Do you own or have a share in a vineyard?

Name of Viticulturist / Vineyard Manager

Location of vineyard.....

Size of vineyard.....

Grape varieties

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% Vineyard planted Pinot Noir.....

% Vineyard planted rootstock.....