



Midwest Apple Improvement Association (MAIA)
Membership Application

Name: _____

Company/Orchard: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Tax ID/ Social Security number: _____

I would like to become a member of the Midwest Apple Improvement Association and I agree to pay the annual dues, which are currently \$100

Please make check payable to:

MAIA
PO BOX 70
Newcomerstown, OH 43832

Signed: _____ Date: _____

Title: _____

