



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

.....

% Vineyard planted Pinot Noir

% Vineyard planted rootstock.....