



ASSOCIATE APPLICATION

Business Name _____ Date _____

Owner(s) _____

Address _____ City _____

County _____ State _____ Zip Code _____

Phone _____ Fax _____

Web Site _____ E-mail _____

Day Phone _____

Indicate Business Type:

☐ Restaurant ☐ B & B ☐ Hotel/Motel

☐ Option 1: Brochure listing and map icon ☐ Option 2: Brochure listing with location/contact information

☐ Wine Shop ☐ Tour Industry ☐ EDWA Associate Grower ☐ EDWA Associate Supplier

☐ Other Association

Days Open _____ Hours _____

Description of Business _____

Year Founded _____

El Dorado County Business License Number (attach copy) _____

Sellers Permit Number (attach copy) _____

Directions to business _____

Credit Card # _____ Amount Authorized: \$ _____

*VCode: _____ Exp. date _____ Billing Zip Code _____

*The VCode is a 3 or 4 digit number on the back of your card

Cardholder Name _____

Signature _____ Date _____

El Dorado Winery Association
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(800) 306-3956