



COMMONWEALTH QUALITY ALLIANCE
Membership Application

WINERY NAME: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

I understand that in order for a wine to be submitted for CQA approval, there are certain parameters it must meet. All fruit for CQA wines are 100% Virginia grown and made from 100% grapes. Any commercial concentrates are prohibited; enological additives are permitted such as per TTB approved products. By signing below, I am giving permission to share my wines results with CQA staff.

Signature: _____ Date: _____

~~The annual membership dues will be \$300.~~

Membership dues for 2011-2012 will be waived for any winery that joins the CQA program and submits at least one wine before March 31, 2012.

*** Please note all dues to CQA are 88% tax deductible.*

Please return this form by mail, email or fax to:
Commonwealth Quality Alliance c/o VWA
701 E. Franklin Street, Suite 809
Richmond, VA 23219
Fax: (804) 644.8762
Email: info@vawine.org