



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. The wines entered must adhere to TTB label regulations which allow hybrids to be a blending component in vinifera varietal labeled wine. Any fanciful labeled wine may include no more than 25% hybrids. Any commercial concentrates are prohibited; enological additives are permitted such as per TTB approved products.

Signature: _____ Date: _____

**The annual membership dues will be \$300.
Dues must be paid in full with any wines submitted for analysis.
Membership dues for June 1, 2011 – December 31, 2011 will be \$300.
The next membership year will begin on January 1, 2012.**

**Please remit a check payable to VWA to:
CQA Program c/o Virginia Wineries Association
701 E. Franklin Street, Suite 809 Richmond, VA 23219**