

Miami Countryside Agritourism Association, Inc.  
27550 SW 222 Ave  
Miami, FL 33031  
email: hello@mcaa-miami.org



## MEMBERSHIP

### Section 1 – Membership Classification

For more information on the Membership Classes, please refer to the MCAA Membership Rules and Regulations.

- ☐ I am applying for VENUE MEMBERSHIP (Please proceed to Section 2)
- ☐ I am applying for AFFILIATE MEMBERSHIP (Please proceed to Section 3)

### Section 2 – Venue Member Information

Please write legibly

Company Name \_\_\_\_\_

Venue Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Website \_\_\_\_\_

Types of Activities and Attractions at Venue (select all that apply):

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Ceremonial                                      | <input type="checkbox"/> Historical | <input type="checkbox"/> Training & Exhibition |
| <input type="checkbox"/> Farming   | <input type="checkbox"/> Cultural   | <input type="checkbox"/> Harvest-Your-Own      |
| <input type="checkbox"/> Ranching  | <input type="checkbox"/> Civic      |  |
| <input type="checkbox"/> Other (Please provide brief explanation): _____ |                                     |  |

### Section 3 – Affiliate Member Information

Company Name \_\_\_\_\_  
(If any)

Business Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Website \_\_\_\_\_  
(If any)

\_\_\_\_\_  
(For bookings and Customer Information)

Types of Services Offered (select all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Event Planning                                  | <input type="checkbox"/> Decorations (provide details in "Other") | <input type="checkbox"/> Catering                                |
| <input type="checkbox"/> Photography                                     | <input type="checkbox"/> Tables, Chairs, and Furniture Rental     | <input type="checkbox"/> On-site Food Preparation                |
| <input type="checkbox"/> Videography                                     | <input type="checkbox"/> Photo Booth                              | <input type="checkbox"/> Music and/or DJ                         |
| <input type="checkbox"/> Event Staffing                                  | <input type="checkbox"/> Transportation                           | <input type="checkbox"/> Lighting                                |
| <input type="checkbox"/> Bartending                                      | <input type="checkbox"/> Invitations and Stationery               | <input type="checkbox"/> Activities (provide details in "Other") |
| <input type="checkbox"/> Other (Please provide brief explanation): _____ |   |  |

#### Section 4 – Authorized Representative(s)

Note: Authorized Representatives shall be entitled to speak and vote on behalf of the Venue Members. Venue Members must name at least one (1) and no more than three

Authorized Representative(s). For more information on Authorized Representatives for Venue Members, refer to Sections 4.09 and 4.10 of the MCAA Membership Rules and Regulations. If an Affiliate Member is an entity, it must name at least one (1) and no more than three Authorized Representative(s) who may speak on behalf of the Affiliate Member

##### Primary Authorized Representative

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

##### Additional Authorized Representative

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

## Membership type-Choose one

VENUE Membership

☐ Annual Venue Membership: \$1,000.00

☐ Annual Affiliate Membership: \$500.00

Make checks payable to;

Miami Countryside Agritourism Association, Inc.

27550 SW 222 Ave, Miami, FL 33031

By signing my name below, I hereby submit my application for Membership in the Miami Countryside Agritourism Association, Inc. ("MCAA"), I authorize MCAA to send all communications and correspondence to the e-mail & Text address provided for the Authorized Representatives listed above. I hereby consent to the MCAA bylaws.

\_\_\_\_\_  
Member or Authorized Representative's

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member or Authorized Representative's Printed Name