

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):

- Ceremonial
- Farming
- Ranching
- Other (Please provide brief explanation): _____
- Historical
- Cultural
- Civic
- Training & Exhibition
- Harvest-Your-Own

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):

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

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