

**Membership Form**  
**Illinois Christmas Tree Association, Inc. (ICTA)**

Annual Fee \$70.00, Includes \$25.00 for Tree Industry Partnership

Membership year is January 1 – December 31.

Please allow 7-10 days for membership to appear in the online listing.

\_\_\_\_\_New Membership      \_\_\_\_\_Renewal

**Please print this form and mail with your check made payable to:**

Illinois Christmas Tree  
c/o Carol Richardson  
9407 Richardson Road  
Spring Grove, IL 60081

As a benefit to membership in the Illinois Christmas Tree Association, your farm will be listed on the ICTA website. In order to take full advantage of this valuable marketing benefit, please be sure to complete this entire form. Your potential customers will be able to search for tree farms by their county and see a list of all ICTA member farms.

**PLEASE PRINT CLEARLY**

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**WEB SITE INFORMATION**

**Farm Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Name(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Farm**

**Address:** \_\_\_\_\_

**Varieties Offered (circle)**

**City:** \_\_\_\_\_

Balsam Fir      Red Pine

**State:** \_\_\_\_\_

Canaan Fir      Scotch Pine

**Zip:** \_\_\_\_\_

Concolor Fir      White Pine

**Phone:** \_\_\_\_\_

Douglas Fir      Black Hills Spruce

**Phone 2:** \_\_\_\_\_

Fraser Fir      Blue Spruce

**Web Site:** \_\_\_\_\_

Austrian Pine      Norway Spruce

**Season Dates:** \_\_\_\_\_

**Other Services Offered (circle)**

Choose & Cut	Gift Shop	Roping	Decorations	Supplies
Precut Trees	Wreaths	Grave Blankets	Ribbons & Bows	Tree Stands
Live Trees	Greens	Online Ordering	Gift Items	

Other \_\_\_\_\_

**Forms of payment accepted (circle):**                      Credit Cards                      Personal Checks

**Farm type (circle):**    Retail    Wholesale

**Directions to your farm:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amenities:**  
(Ex. Saws Provided; Offer Wreaths, Garland, and Accessories; Restrooms Available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS INFORMATION**

**Contact Name(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Display your business on the ITCA website?    Yes    No**

**Member Type                      Active                      Associate**