

Please fully complete the application below to be considered for membership in the Missouri Craft Brewers Guild. In addition to this form, please submit credit card information or mail dues check based on your application status to **Missouri Craft Brewers Guild**, **PO Box 7713**, **Columbia MO 65205**.

□ **BREWERY MEMBERS** – Annual dues are \$250/year plus \$.05/per barrel of all previous year worldwide sales in excess of 100 barrels, to a maximum of \$5,000.

\$250 + [(#of BBLs - 100) x \$.05] = Total Dues \$

**BREWERY-IN-PLANNING MEMBERS** – This non-voting membership is \$250/year.

Business entity name:

Brewery name	(if different than above	):
--------------	--------------------------	----

Brewery physical address:

Brewery phone:

Year established/licensed:

Brewery website:

County where brewery is located:

Head brewer name & title:

Brief description of brewery:

## Brewery type:

- □ Microbrewery
- □ Brewpub
- Contract brewing company

- □ Regional craft brewery
- □ Brewery-in-planning

General brewery information (check all that apply):

- Open to public
- Tours available
- Taproom
- □ Sells/fills growlers/crowlers

- □ Sells packaged beer to go
- □ Food available on site
- □ Family friendly
- Pet friendly

**Brewery Facebook:** 

Brewery Twitter:

## Please indicate who will represent your brewery for Guild-related business.

Main contact & position at brewery:

Main contact phone number:

Main contact email address:

Address for MCBG mailings (if different than above):

Billing contact person (if different than main contact):

Billing contact email address:

Billing contact phone:

Are there others at your brewery that would like to receive emails from the Guild? Please names and email addresses for all individuals within the business who should be added to the MCBG email list:

Please email high resolution brewery logo for use on the MCBG website (jpg or png formats) to <u>info@mocraftbeer.com</u>.

\_\_\_\_

## **PAYMENT INFORMATION**

Check made out to Missouri Craft Brewers Guild	Credit/debit card
Name on card:	Exp. date:
Card number:	CVV:
Signature:	Zip code:

Yes, I would like to cover the credit card processing fee along with my dues payment.

Send to Missouri Craft Brewers Guild, PO Box 7713, Columbia MO 65205-7713