

# 2025 Program & Registration Packet



# 42<sup>nd</sup> Annual Convention

**March 7-8, 2025**



**Holiday Inn Resort Lumina on Wrightsville Beach**

1706 N. Lumina Avenue, Wrightsville Beach, NC 28480

Toll Free: 877-330-5050 Local: 910-256-2231



**Mike Marks**  
NCWA President



**Haylee Davis**  
2024 NCWA Queen

NCWA  
PO Box 158 Angier, NC 27501  
Phone: 919-413-9544 Fax: 984-480-2002

# Friday Schedule - March 7, 2025

- 3:30 p.m.                      **NCWA Board of Directors Meeting**
- 6:30 p.m.                      **Presidents Reception**
- 7:30 p.m.                      **Entertainment - Casino Night**



# Saturday Schedule - March 8, 2025

8:00 a.m.	Registration	
9:45 a.m.	Call to order	<i>Mike Marks, NCWA President</i>
	Introduction of Speaker	<i>Mike Marks, NCWA President</i>
	Keynote Speaker	TBA
	Introduction of Judges	<i>Sharon Rogers, NCWA Queen Promotions Coordinator</i>
	Speech Competition	Contestants
	Closing Remarks	<i>Mike Marks, NCWA President</i>
11:30 a.m.	Queen Contestant Interviews	
12:15 p.m.	Lunch & Sportswear Competition	<i>Sharon Rogers, NCWA Queen Promotions Coordinator</i>
1:30 p.m.	Seed Spit Contest	<i>Khaila Daye, Marketing Specialist NCDA&amp;CS</i>
2:00 p.m.	Social Hour and Auction	
7:00 p.m.	Banquet	

**KEEP EATING THOSE SWEET  
NORTH CAROLINA  
WATERMELONS!**



# 2025 Convention Registration Form

Everyone attending the NCWA Convention must be registered. Please complete this form and return to the address below. Hotel reservations should be made directly with the Holiday Inn Sunspree Resort, Wrightsville Beach, NC, Toll Free: 877-330-5050 Local: 910-256-2231. Convention room rate Standard Room \$203.00, Oceanfront \$213.00. **Cut-off date for convention rate is February 14, 2025. DO NOT DELAY** make your reservation today!

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Registration Fee (Includes all Convention Activities) \$250.00 (per person)**

Participant Name \_\_\_\_\_ Participant Name \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant Name \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant Name \_\_\_\_\_

Participant Name \_\_\_\_\_ Participant Name \_\_\_\_\_

**Total:** \_\_\_\_\_

Friday <b>ONLY</b> Activities	<b>\$150 per person</b>	<b>Total:</b> _____
Saturday <b>ONLY</b> Activities	<b>\$150 per person</b>	<b>Total:</b> _____
Saturday- <b>Auction ONLY</b>	<b>\$100 per person</b>	<b>Total:</b> _____
Saturday- <b>Banquet ONLY</b>	<b>\$150 per person</b>	<b>Total:</b> _____

**12 years to 18 years \$ 150 per person**

Name \_\_\_\_\_ Age: \_\_\_\_\_ **Total:** \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

**Children 12 and under FREE** **GRAND TOTAL:** \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

**Method of Payment:**

(check one)  **Check Enclosed**  **Credit Card Payment**

Card Type:        

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Make Checks payable to NCWA and mail with form to:**

**NCWA- P.O. Box 158 – Angier, NC 27501**

# 2025 Application for NCWA Membership



**March 1, 2025 to March 1, 2026**

## Annual Membership Dues

**Renewal**

**New**

Company/Firm/Corporation \_\_\_\_\_

Authorized Official \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

The undersigned, actively engaged in the watermelon industry, desiring to have a part in promoting the best interest of all who may be similarly engaged and realizing the necessity of concredited action through organized effort, hereby applies for membership in the NC Watermelon Association, Inc.

- ASSOCIATE, indirectly interested..... \$ 40.00
- BROKERS and RECEIVERS..... \$ 80.00
- GROWERS, who do not buy or sell..... \$ 40.00
- SHIPPERS, who buy or sell..... \$ 80.00

**Remember, if you retain membership in a state Watermelon Association other than NC your Dues will be as follows:**

- ASSOCIATES..... \$ 15.00
- BROKERS/RECEIVERS..... \$ 30.00
- GROWERS..... \$ 15.00
- SHIPPERS..... \$ 30.00

**Method of Payment:** (check one)  **Check Enclosed**  **Credit Card Payment**

**Card Type:**        

**Card#** \_\_\_\_\_

**3 digit code on back of card** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Signature** \_\_\_\_\_

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**NCWA- P.O. Box 158 – Angier, NC 27501**