Member Dues Form

Date: ______________

Name: _____________________________  Title: ______________________________

Office Address: __________________________________________________________

Office Phone: _______________________ Office FAX: __________________________

Email Address: _________________________  Employed with CCE since ___________
   (month/year)

Counties or Region Covered: _______________________________________________

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**Major Responsibility in Agriculture:**

- [ ] 4-H/Youth
- [ ] Administration
- [ ] Aquaculture/Sea Grant
- [ ] Business Management
- [ ] Dairy
- [ ] Economic Development
- [ ] Environmental Issues
- [ ] Field Crops
- [ ] Forestry

- [ ] General Ag
- [ ] Landscape Horticulture
- [ ] IPM
- [ ] Livestock
- [ ] Natural Resources
- [ ] Public Issues
- [ ] Vegetables/Fruits
- [ ] Water Quality

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**NYSACAA/NACAA Full Membership dues**  $80

**New member dues (state dues waived)**  $55  please circle appropriate dues

**NYSACAA Affiliate/Associate dues**  $15

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**Additional Contributions:**

- General Contribution to NYSACAA  ____

- Contribution to NACAA Scholarship Fund:  ____

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**Total Enclosed:**  $ ____

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*Please return this application with your check made payable to “NYSACAA” and mail to:*

Sandy Buxton  
Treasurer  
415 Lower Main St,  
Hudson Falls NY 12839