



**New York State Conservation Council Inc.**  
8 East Main Street, Ilion, New York 13357-1899

**OFFICIAL REGISTRATION FORM**

You are hereby advised that dues to the NYS Conservation Council, Inc. for year 2016 are now payable:

County Federation: \$250.00 \_\_\_\_\_ Associate Member \$250.00  Affiliate Member \$100.00 \_\_\_\_\_

Please complete the registration form below, make checks payable to NYSCC, and return with club listing information to:  
NYSCC, 8 East Main Street, Ilion, NY 13357-1899 by **MARCH 1**

Organization Name :

Date of Annual Meeting:

Date of Monthly Meeting:

Name

Address

**President:**

\_\_\_\_\_ Street/PO Box: \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Vice President**

\_\_\_\_\_ Street/PO Box: \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Secretary**

\_\_\_\_\_ Street/PO Box: \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Treasurer**

\_\_\_\_\_ Street/PO Box: \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Councilman/  
Representative**

\_\_\_\_\_ Street/PO Box: \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

**Alt. Councilman/  
Representative**

\_\_\_\_\_ Street/PO Box \_\_\_\_\_

\_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Important: See the enclosed listing of your member clubs and make any necessary changes before returning the list to the NYSCC. When known, **please provide email addresses for club contacts.**

For Office Use Only: Code-«CODE»

Date Received

Check Number

Check Date

Check Amount