



**New York State Conservation Council, Inc.**  
 1060 Broadway #1090, Albany, New York 12204

**OFFICIAL REGISTRATION FORM**

*You are hereby advised that dues to the NYS Conservation Council, Inc. for year 2021 are now payable:*

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

Please complete the registration form below, make checks payable to **NYSCC**, and return with club listing information and bylaws to: NYSCC, 1060 Broadway #1090, Albany, NY 12204

**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:** Please enclose your member clubs and bylaws before submitting to NYSCCS. When known, **please provide email addresses for club contacts.**