

2016 New York Agri-Women Individual Membership Form



Name: (Miss, Mrs., or Ms.) _____

Farm Name/Business: _____

Occupation: _____ Employer: _____

Mailing Address: _____

City: _____, NY County: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Fax: _____

Email: _____ Skype: _____

Website and/or Blog: _____

Twitter Username: @_____ Facebook Username: _____

I am interested in joining the following committees (circle each that interests you):

- | | | |
|--------------------|-------------------|--------------|
| Legislative | Consumer Outreach | Social Media |
| Producer Education | Annual Meeting | |

Please include a check or money order in the amount of **\$55** made payable to "New York Agri-Women" and return to: **Sheila A. Marshman, PhD- 3564 County Rd 32 Oxford, NY 13830** Payments also accepted via PayPal to newyorkagriwomen@gmail.com.

Includes Membership to American Agri-Women

The student rate is \$25