Application for Membership NEW YORK CHAPTER AMERICAN FISHERIES SOCIETY [Note: Information provided will be used in the membership directory]

Name [Please type or print neatly]		
Address		
City	State	Zip code
Home Telephone	Work Telephone	e-mail address
Employer/Affiliation/School		
Application is for: O Professional Members □ new membership □ renewal membership		nt Membership [\$5.00] Member endorsement [legible signature required]
Would you be willing to re	ceive all Chapter communic	cations via email? O Yes O No
Are you a member of the	American Fisheries Society	(Parent Society)? O Yes O No
Which of the following co	nmittees can depend on you	ur service this next year?
Mr. Scott Schluete C/O USFWS NY Fig NYAFS Secretary/	 Native Peoples F Professional Dive Professional Ince lew York Chapter AFS . Seen related Office	isheries O Membership Committee ersity O Nominating Committee
3817 Luker Road Cortland, NY 1304	5, (607) 753-9334	
There will be a \$20.00 service	charge for all checks returned due	to insufficient funds.
O I need a receipt for member	ership in the New York Chapter of t	he American Fisheries Society
Name [Please type or print near	ly before submitting form for proc	essing]
O Professional Members	hip [^{\$} 10.00] O Studer	nt Membership [^{\$} 5.00]
Received by Scott Schlueter, Se	cretary/Treasurer NYCAFS	
Date		