

EMPIRE STATE POTATO GROWERS, INC.

ASSOCIATE MEMBERSHIP & CONTRIBUTION PAYMENT FORM

Company: _____
Contact: _____
Street/ Box: _____ City, State, Zip: _____
Phone: _____ Fax: _____
CELL: _____
*Email address: _____

- 1. ASSOCIATE MEMBERSHIP** \$20 per membership \$ _____

- 2. RESEARCH & DEVELOPMENT FUND PAYMENT**
Lump Sum Payment I feel is appropriate \$ _____

- 3. POTATO VARIETY DEVELOPMENT RESEARCH FUND**
Lump Sum Payment I feel is appropriate \$ _____
Please allocate my PVDF monies to CHIP or FRESH (circle one)

- TOTAL** (make sure you denote amounts above) \$ _____

***NOTE:** In an effort to provide more timely information and reduce costs, we are transitioning to an electronic version of our newsletter The Potato News. We will no longer be printing and mailing it. Please provide an email address to continue receiving The Potato News. Thank you.

SUGGESTIONS FOR RESEARCH PROJECTS: _____

SUGGESTIONS FOR TOPICS FOR A REGIONAL POTATO SCHOOL or other meetings: _____

Address All Checks and Correspondence To:
Empire State Potato Growers, Inc., Melanie Wickham, Executive Director
PO Box 566, Stanley, NY 14561 Phone: 877/697-7837 Fax: 585/295.9663

Please Return This Entire Bill with Your Payment