

EMPIRE STATE POTATO GROWERS, INC.
GROWER MEMBERSHIP & RESEARCH CONTRIBUTION FORM

Company/ Farm: _____ Contact: _____
Street/ Box: _____ City, State, Zip: _____
Phone: _____ Fax: _____
Cell phone: _____
***Email address for newsletter:** _____

INFORMATION FOR POTATO GROWER DIRECTORY:

To be listed in a potato grower directory, please check or fill in below as you'd like it to appear in the directory.

Seed Potato Grower Varieties: _____

Tablestock/ Fresh Potato Grower Varieties: _____

Specialty Potato Varieties/ Types: _____

Chipping Potato Grower Varieties: _____

Consumers can find my potatoes at: _____

Other Information To Be Included: _____

1. NYS GROWER MEMBERSHIP (3 or more Acres) \$20 per membership \$ _____

2. NATIONAL POTATO COUNCIL QUOTA PAYMENT

Lump Sum Payment I feel is appropriate **OR** # acres ____ x \$0.50 per acres = \$ _____

3. RESEARCH & DEVELOPMENT FUND PAYMENT

Lump Sum Payment I feel is appropriate **OR** # acres ____ x \$2.00 per acre = \$ _____

4. POTATO VARIETY DEVELOPMENT RESEARCH FUND

Lump Sum Payment I feel is appropriate **OR** # acres ____ x \$2.50 per acre = \$ _____

Please allocate my PVDF monies to (chip or fresh): _____

TOTAL (Membership, NPC, R & D, PVDF-make sure you denote amounts above) \$ _____

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., PO Box 566, Stanley, NY 14561: 877/697-7837 Fax: 585/295.9663

Please Return This Entire Bill with Your Payment