# 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., Jamie Meyer, Executive Director
PO Box 636, Varysburg, NY 14167 Phone: 877/697-7837 Fax: 585/295.9663

**Please Return This Entire Bill with Your Payment**