For NYBPA Office Use:
Payment type: _____
Date processed: _____
Member Number: _____

MEMBERSHIP FORM

NEW YORK BEEF PRODUCERS' ASSOCIATION

FARM/BUSINESS INFORMATION

Farm or Business Name:

Date : D D M M Y Y Y Y

Membership Type :

☐ **RENEWAL** ☐ **NEW MEMBER** ☐ **NCBA** ☐ **SPONSOR/ PARTNER** ☐ **1ST TIME MEMBERSHIP GIFT**

 # Cattle Owned: ☐ **0-15** ☐ **16-30** ☐ **31-45** ☐ **46 - 60** ☐ **61-75** ☐ **76 +**

Referred By: _____

MAILING INFORMATION

Name:

County: **Region #:** **Phone:**

Full Address:

Email: **Website:**

MEMBERSHIP INFORMATION

Adult/Farm Membership **$50.00 x** ☐

Total Adult Dues: $ _____

NCBA Dues:
☐ **0-100 head ($190)**
☐ **101-250 Head ($380)**
☐ **251-500 Head ($570)**

NYBPA Voluntary Contributions

☐ **Adult Education Fund $**_____

☐ **Scholarship Fund $**_____

☐ **Youth Education & Development Fund $**_____

Please make checks payable to: NYBPA
Mail completed form and payment to:
NYBPA
2405 Limerick Road
Linwood, NY 14486

Junior Membership: $10.00 X ☐ **OR 3 for $25.00** ☐

Junior Name:
Birthdate: D D M M Y Y Y Y

Junior Name:
Birthdate: D D M M Y Y Y Y

Junior Name:
Birthdate: D D M M Y Y Y Y

Total Junior Dues: $ _____

☐ **$40.00 NYBPA Sponsor Membership**
Give a first time membership to a friend/customer.

Total Amount Enclosed: $ _____

More Info: 2405 Limerick Road, Linwood, NY 14486 | 585-233-0634 | nybeef@nybpa.org | www.nybpa.org

THANK YOU FOR YOUR MEMBERSHIP