

New York State Young Birders Club

Supporting Adult Membership Application/Renewal

Thank you for your support! Supporting Adult Members play a vital role in enabling NYSYBC Youth Members to enjoy positive birding experiences throughout New York State. We salute you for making this important commitment to future generations!

Please print this page, fill it out and mai (Please make your check payable to Nev Association, Inc. and write "NYSYBC"	w York State Ornithological	NYSOA – NYSYBC P.O. Box 363 Poughquag, NY 12570
Please enroll me as a Supporting Adult Mem Check here if this is a renewal. Annual dues: \$20 Additional contr		
Name		
Address		
City	State	Zip
Email		
Home Phone	Cell Phone	
How did you hear about NYSYBC?		
NYSOA / NYSYBC does not disclose any men birth, and email address) to other people or or		address, phone number, date of
I belong to the following nature-related o	and/or youth-related organizatio	on(s):
(Please write the name(s) of	f your club(s)/organization(s) on the lir	nes above)
 I have read the ABA Code of Bird I have read the NYSYBC Code of (These documents are available from 	Conduct and pledge to comply	with it.
Signature	Date	
The New York State Young Birders C	lub (NYSYBC) is a special pro	ject of the NYSOA

New York State Ornithological Association, Inc. (NYSOA)