



Mail to: Nevada Weed Management Association
PO Box 150033
Ely, Nevada 89315

2017 Membership Form

Name: _____ Date: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Payment Method: Cash _____ Credit Card _____ Check _____

Membership Level: _____

Student \$15.00 _____	Individual \$35.00 _____	Thank You
Group (1-3 individuals from the same company) \$75 _____		

Total: _____

For Credit Card Payment (**Only Visa and MasterCard Accepted**)

Name on Card: _____ Zip Associated with Card Statements: _____

Card Number: _____ Expiration Date: _____ CVV # _____

With any questions or concerns call Betsy at **775-296-2289 (cell phone)**

Please retain this portion for your tax records.

Nevada Weed Management Association Annual Membership Dues Receipt

Type of Membership: _____

Amount Paid: _____ Date Paid: _____

Check Number or Card Used: _____

