



**NEW YORK STATE
TRAPPER'S
Association**

Membership Application

New _____ Renewal _____

Name (please print legibly) _____

Street - RFD - Box _____

Town or City _____ State _____

County _____ NYSTA Region _____ Zip _____

Phone No. _____ E-Mail _____

Date of Birth ____/____/____ (required)

Website: Nystrappers.org

Unless otherwise indicated, memberships include publications, (*The Trappers Post*, & **TRAPLINES NEWSLETTER**), and one vote.

Junior Membership	\$25.00/yr. _____	Under 16 years of age, publications included
Basic Membership	\$25.00/yr. _____	Over 16 years of age: no Trappers Post
General Membership	\$35.00/yr. _____	Over 16 years of age: publications included
Family Membership	\$40.00/yr. _____	Two family members: Two votes and one set of publications included
Lifetime Membership	\$750.00 _____	Plaque, special members credentials, publications included,
Basic Lifetime Membership	\$300.00 _____	Plaque, special members credentials, no Trappers Post , only the newsletter



Your extra donation will help NYSTA to preserve trapping in NYS; _____

Payment can be made online. Total _____

Thank you for becoming a member of NYSTA!

Make checks out to: *NYS Trappers Association*
 Mail to: NYS Trappers Association:
 Bob Samuelson
 3889 Westside Drive
 Churchville, New York 14428