## **MEMBERSHIP FORM**

**FOR OFFICE USE ONLY:** 

Received By: \_\_

Date Received: \_\_\_\_ Total Amount Received: \_\_\_

ESPA - EXTENSION SUPPORT PERSONNEL ASSOCIATION

MEMBER REGISTRATION FORM			
Member Name :		Position Title :	
Membership Active Hon Type: Member Mer	norary Retiree who was active Dember at time of retirement w	ate Employed ith Extension :	
County:	Today's Date :	ESPA year	<b>'</b> :
County Set : Northwest North	heast West Central Central	East Central	Southwest Southeast
Phone number : Email Address :			
Office Mailing Address :			
Optional information (unless retired):			
Home Mailing Address:			
Home Phone or Cell Phone Number :			
Birthday (for birthday shout-outs) :			
DUES AND PAYMENTS			
Active Membership Fee is \$20.			
Honorary Member \$10	Return Registration For Karen Bixler Montgomery County Exte	•	
Make checks Payable to ESPA	6281 Trotman Road		
•	Montgomery AL 36116		
Deadline: July 31st			
Late fee: \$10 (for current members only if submitted after July 31st)			
*ESPA Year runs from June to the end of the fol Ex. of what you will put for an ESPA year would GRAND TOTAL ENCLOSED:	= -		Extension Support  Personne, ASSOCIATION

Check# \_\_\_\_\_ MO # \_\_\_\_ Other \_\_

## **ACES County Small Extension Teams (SET)**

