NORTH CENTRAL TEXAS PRESCRIBED BURN ASSOCIATION

P.O. BOX 165, HENRIETTA, TEXAS 76365

www.nctpba.org

MEMBERSHIP APPLICATION 2009

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Ranch Name: _____

Responsible Party: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-Mail Address: _____

Preferred contact method for prescribed burns and other information *(CHECK ONLY ONE)...*

❑ E-Mail ❑ Phone ❑ Postal Mail

Please select the counties where you're willing to assist on burns *(CHECK ALL THAT APPLY)...*

❑ Archer ❑ Clay ❑ Jack
❑ Montague ❑ Palo Pinto ❑ Shackleford
❑ Stephens ❑ Throckmorton ❑ Wichita
❑ Young

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ANNUAL MEMBERSHIP: $ 25.00 **FOUNDING MEMBERSHIP:** $100.00

Founding membership includes $25.00 annual membership + $25.00 to primary county

Primary County: _____ Acreage: _____

Other County: _____ Acreage: _____

Please remit check payable to NCTPBA for choice of membership for each individual operating unit, along with this application, to the above address.

By affixing my signature, I agree to abide by the bylaws and guidelines established by the North Central Texas Prescribed Burn Association.

_____ _____

Signature of Responsible Party *Date*