



New York State Young Birders Club

Youth Membership Application/Renewal

Please print this page, fill it out and mail it with your check to: **NYSOA – NYSYBC**
 (Please make your check payable to **New York State Ornithological Association, Inc.** and write “NYSYBC” on the memo line of the check.) **P.O. Box 363**
Poughquag, NY 12570

Annual dues for youth members (age 10 – 19, inclusive) are \$10.
 Please enroll/renew me as a member of the NYS Young Birders Club for 1 Year 2 Years

Name _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Email _____ County _____

Home Phone _____ Cell Phone _____

How did you hear about NYSYBC? _____

I belong to the following bird club(s) and nature-related organization(s) in New York State:

(Please write the name(s) of your club(s)/organization(s) on the lines above)

- › I have read the *ABA Code of Birding Ethics* and pledge to comply with it.
- › I have read the *NYSYBC Code of Conduct* and pledge to comply with it.
 (These documents are available from the Membership page of the NYSYBC website).

Applicant’s Signature _____ Date _____

This section must be completed if Applicant is under 18 years of age.

To help them get to know each other, our Membership Directory is distributed to Youth Members, parents, and NYSYBC adult advisors. We do not disclose personal information (address, phone, age, email, etc.) to others. Youth Members and parents will be able to supply/update bios and photos via email or online form.

I give permission for inclusion in the NYSYBC Membership Directory of my son’s/daughter’s

Full Name	Age	Town	Email	Short Bio	Photo	Home Phone	Cell Phone
and my own	*****	Full Name	Email	Short Bio	Photo	Home Phone	Cell Phone

Parent or legal guardian’s full name (please print) _____

Parent or guardian’s Signature _____ Date _____

Parent or guardian’s email _____

The New York State Young Birders Club (NYSYBC) is a special project of the New York State Ornithological Association, Inc. (NYSOA).

