



NASLR

NATIONAL ASSOCIATION OF
STATE LAND RECLAMATIONISTS

APPLICATION FOR MEMBERSHIP

ATTN: Ms. Simone Rodriguez, Division of Mineral Resources, NYSDEC
625 Broadway, 3rd Floor, Albany, NY 12233-6500
E-mail: simone.rodriguez@dec.ny.gov

MEMBERSHIPS RUN FROM JULY 1 TO JUNE 30 ANNUALLY

TYPE OF MEMBERSHIP: (Please select one)

- STATE -- \$200.00**
 - State Retiree -- Free
 - State Employee -- Free

ASSOCIATE –

- Non-Member State Employee -- \$10.00
- Non-Member State Retiree -- \$5.00
- Individual -- \$25.00
- University/College Department -- \$25.00
- University Student -- \$10.00

NAME: _____ TITLE: _____

AGENCY/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Work) _____ (Cell) _____

E-MAIL: _____

My Responsibilities lie in (check PRIMARY role/duty):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Permitting | <input type="checkbox"/> Technical Specialist |
| <input type="checkbox"/> AML | <input type="checkbox"/> Research |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Student |
| <input type="checkbox"/> University | <input type="checkbox"/> Other: (Please indicate) |

If you would like to contribute funds to the NASLR Educational Scholarship Program as a “business expense”, please fill out the following and return it with a check payable to:

National Association of State Land Reclamationists (NASLR)
Attn: Ms. Simone Rodriguez, Division of Mineral Resources,
NYSDEC 625 Broadway, 3rd Floor, Albany, NY 12233-6500
E-mail: simone.rodriguez@dec.ny.gov

Amount of Contribution: _____

NAME: _____

TITLE: _____

AGENCY/COMPANY/INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Work) _____ (Cell) _____

E-MAIL: _____