



Association of Retired Conservation Service Employees (ARCSE)

APPLICATION FOR MEMBERSHIP

NAME _____ SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TYPES OF MEMBERSHIP*: (Check one)

___ 1. **COMPLIMENTARY MEMBER-1st yr.** (Voting): **No Dues** for one year for any retired SCS/NRCS employee who has not been a previous member of ARCSE. All that is required is to complete and submit this application form.

___ 2. **MEMBER** (Voting): Retired (or retired former) SCS or NRCS employee. Dues \$18/yr.

___ 3. **AFFILIATE** (Non-voting): Active NRCS employee or other. Dues \$18/yr.

___ 4. **LIFE** (Voting): Retired (or retired former) SCS or NRCS employee.

Age	One Time Payment
64 or younger	\$250
65 -74	\$200
75 or older	\$125

(New members may pay for quarters of year remaining @ \$4.50.)

*Membership includes receiving by email a copy of the electronic bimonthly newsletter. Printed copies of the newsletter may be received by USPS mail for an additional annual fee of \$12.

MEMBER INFORMATION

Title (at retirement) _____ Date Retired _____

Career Discipline _____

[Such as Soil Scientist, Cons. Tech., Engineer, Economist, Biologist, Geologist, Agronomist, Personnel, etc.]

Date of Birth _____ Telephone No. _____

Email Address _____ Other _____

Signature _____

[Pay Dues Here](https://arcsecommunications.wordpress.com/renew/), <https://arcsecommunications.wordpress.com/renew/> or **Mail To:** (Checks payable to ARCSE)

ARCSE
PO Box 8965
Moscow, ID 83843

Application form provided by-- _____ *Print Name*

PURPOSE of ARCSE

To keep retirees in touch with other ARCSE members and to exchange experiences, ideas, and activities, and to alert members of retiree activities at local, state and national levels.

To encourage continued support of sound soil and water conservation programs carried out by NRCS, and other agencies, and to keep retirees informed of current conservation legislation, budgets, and program changes.

(October 2019)