



Please refer to your county tax bill for correct APN number. Copy it as it appears on your tax bill, including all zeros.

Member Information

*Company or owner: _____ *Mailing Address: _____
 Contact Name: _____ *City, State Zip: _____
 Email Address: _____ Telephone Number: _____

Irrigated Acreage Information

If your info is the same as last year, check this box
 If your info is the same, no need to fill out below.

*Irrigated Acres	*Assessor Parcel Number (APN #)	County Where Acres are Located	Crops Grown
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____
_____	_____ - _____ - _____	_____	_____

_____ Total Irrigated Acres

Make copies if needed.

0-10 irrigated acres = \$10	11-20 irrigated acres = \$15: \$ _____
21-40 irrigated acres = \$20	41-80 irrigated acres = \$40: \$ _____
More than 80 irrigated acres = 50¢ per acre : \$ _____	
2010 Membership Fee : \$ <u>55.00</u>	
After Nov 30 th : \$ <u>80.00</u>	
TOTAL DUE: \$ _____	

If you have any questions, please contact our office at (916) 645-1774 or email cleanwaters@netscape.com

The undersigned owner/operator of irrigated farmland hereby elects to participate in the PLACER-NEVADA-SO.SUTTER- NO. SACRAMENTO (PNSSNS) Subwatershed Group. Owner/operator understands that membership dues are charged to cover the cost of administering the subwatershed activities required to fulfill the Conditional Waiver. A detailed accounting of activities covered by these membership dues will be made available to subwatershed members periodically or on request.

Once all of your membership and acre fees are paid in full you will be issued a Certificate of Compliance indicating that you are covered under the requirements of the Central Valley Regional Water Quality Control Board for a discharge waiver (Resolution No. R5-2003-0105) for a one year period.

Owner/Operator upon ten (10) days prior written notice to PNSSNS may withdraw its election to participate. Upon withdrawal, Owner/Operator will no longer be entitled to coverage as member of the subwatershed group.

Owner/operator acknowledges that membership does not confer upon owner/operator the right to vote regarding appointment of directors of PNSSNS Subwatershed Group or regarding other governance issues of the corporation.

Signature _____
Date

When completed, return this form along with your payment made out to "PNSSNS Subwatershed Group" to: PNSSNS Subwatershed Group P.O. Box 1235, Lincoln CA 95648