



Membership Form 2024-2025

Name:	
Mailing Address:	
Phone:	
County:	Region & Area:

New Member \$20	
Renewing Member \$20	
Retiree Member \$10.00	
Charter Member Yes No	
Total Dues Payment	\$
Timothy Warren Memorial Scholarship*	\$

Remember to submit a request to your supervisor to use your professional development funds. I do not need a copy but your treasurer will need a copy.

Make to Checks Payable to:
Chi Epsilon Sigma

Mail To:
Georganne Collins
Nelson County Extension Service
317 South Third Street
Bardstown, KY 40004

* This is a donation and therefore must be paid with personal funds.