

First Name		Initial	Last Name	
Address				
Street 1				
Street 2				
City			State	Zip
Please ente	r preferred (or	both) means o	f contact.	
email		pho	ne	
	ut, the informatio			ices at the Section level do and costs may change in
Student	\$5.00			
C Regular	\$5.00			
C Retired	\$5.00			
Please print	and/or send this	form with your	· payment (see be	low) to:
Mail:				e-mail:
Dr. Megan Clayton Treasurer SWS-TWS Texas A&M AgriLife Research & Extension Center 1619 Garner Field Road			r	Megan.Clayton@ag.tamu.edu
Uvalde, TX 78				