

Stillwater Valley Watershed Council

Program Enrollment & Membership Form



Landowner Name: _____

Address: _____

Telephone: _____ Local Telephone: _____

E-mail address: _____

Stillwater County Property Location: (physical address, subdivision, lot):

Approximate # of acres in the project (include acres infested with noxious weeds or acres enrolled in fuels reduction program):

Please check all that apply, sign and return.

I am interested in participating SVWC's programs: weed control**, water project, hazardous fuels reduction or:

***Cost-share for SVWC's large acreage weed control program is prioritized by earliest request date. For landowners/managers that have requested cost-share in the past, the SVWC Board of Directors will place a higher priority for cost-share on those that have developed a Weed Management Plan (WMP). A template WMP from the Stillwater Weed District can be found on SVWC's website at: www.StillwaterValleyWatershed.com under "Newsletters and Forms".*

I am interested in developing a WMP for the purpose of this project.

Enclosed is my current WMP.

Please assist me in developing a WMP

I'd rather not complete a WMP.

Yes, I want to join the SVWC. Enclosed is \$35 for annual membership.

I do not wish to participate in SVWC's weed control projects but in doing so, recognize that I am required to comply with the existing Montana Noxious Weed Law.

I am already a member of the SVWC.

Please indicate your contact information and property location even if you do not wish to participate in the program.
This will let us know if we have made contact with all landowners.

Signature

Date

PLEASE RETURN TO: PO BOX 112, ABSAROKEE MT 59001