

**Upper Feather River Watershed Group**  
 PO Box 975  
 Loyalton, CA 96118  
 www.ufrwg.org  
 530-832-4415

## 2015 Enrollment Form

**To update member information for the new WDR we ask all Members to complete this form and return it to UFRWG by November 15, 2014. We will calculate dues and send an invoice for 2015 Membership.**

*Your 2014 information is attached for reference.  
 Please make any needed changes or corrections for 2015.*

Company or Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Contact Name \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### Irrigated Acreage Information

*Please refer to your county tax bill for correct APN number. Copy it as it appears on your tax bill.*

2014 Irrigated Acres	Irrigated Acres	Assessor Parcel Number (APN )	County where parcel located	Crops Grown
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_ **Total Irrigated Acres** please use additional pages if needed for parcels

The undersigned Owner/Operator of irrigated commercial farm or ranch land hereby elects to participate in the UPPER FEATHER RIVER WATERSHED GOUP, a subwatershed coalition. Owner/Operator understands that membership dues are charged to cover State Fees and the cost of administering subwatershed and Sacramento Valley Water Quality Coalition Program Management required to fulfill the "Waste Discharge Requirements General Order" (Central Valley Regional Water Quality Control Board, General Order No. R5-2014-0030). In executing this Authorization, I agree to participate in the UFRWG coalition requirements as they are defined in the new General Order. I understand that membership may be cancelled for failure to perform membership duties and that I would assume responsibility for individual ILRP program compliance. Upon written notification to UFRWG, I may withdraw my election to participate. Upon cancellation or withdrawal, I will no longer be entitled to coverage as a member of the Upper Feather River Watershed Group. My alternative option is to file a Notice of Intent under the Individual WDR. I understand UFRWG is required to provide the Regional Water Board with current participant lists annually. UFRWG assumes no liability for any action by the Regional Water Board as a result of any act, or failure to act, through the UFRWG subcoalition WDR program option.

Signature \_\_\_\_\_ (required to complete enrollment) Date \_\_\_\_\_

Return this form along with full payment made out to "Upper Feather River Watershed Group" to: UFRWG PO Box 975 Loyalton, CA 96118