

**Perquimans County Voluntary Agricultural Districts
Membership Application**

APPLICANT INFORMATION:

Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____

Is this land registered for present use tax valuation? () Yes () No

If no, is this property engaged as a commercial agricultural enterprise? () Yes () No

Description:

Tax Map/Parcel Number	Acres	USDA Farm Number and Tract Number

If approved all landowners must sign the conservation agreement.

Record additional tracts on the next page

OWNER (S) CERTIFICATION:

I (we), the applicant (s), hereby certify that, to the best of my (our) ability, the foregoing application is complete and accurate.

Signature of Applicant: _____ Date: _____

_____ Date: _____

VAD BOARD APPROVAL: (for internal use only)

We, the member of the Perquimans County Voluntary Agricultural District Board, hereby approve the property listed above for inclusion in the Perquimans County VAD

Signature of VAD Chairman _____ Date: _____

Mail to: North Carolina Cooperative Extension
Perquimans County Center
PO Box 87
Hertford NC, 27944
Attn: Voluntary Ag Districts

