

NICCA MEMBERSHIP APPLICATION

 NEBRASKA INDEPENDENT CROP CONSULTANT ASSOCIATION
<http://www.nebraskacropconsultants.org> Office: 308 627-5268

Applicant's Name _____ Date _____

Applying for (mark one only)

 ___ **Independent Member** (4 year degree, 2 years consulting experience and independent) 3 client references are required

 ___ **Associate Member** (4 year degree, presently consulting and independent) 5 client references are required

 ___ **Commercial Consultant** (4 year degree, 2 years consulting experience and derives income from the sale of an agricultural input product) 3 client references are required

 ___ **Allied** (organization sells a product or service) No client references are required

 ___ **University Liaison** (Designated members of the Cooperative Extension Service) No client references are required

My employer is _____ My title or position is _____

Business mailing address (please print)

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Business Phone _____

Cellular Phone _____

Fax Phone _____

Email address _____

Referring member _____

List your educational qualifications

<u>College or University</u>	<u>Year(s) Graduated</u>	<u>Degree(s)</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____

Consulting experience
(types and years)

<u>Client References</u>	<u>Phone #</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Services offered: (for consultants only)

- | | |
|---------------------------|---------------------------|
| ___ Soil fertility | ___ Pest management |
| ___ Crop planning | ___ Variety selection |
| ___ Irrigation scheduling | ___ Contract research |
| ___ Water sampling | ___ Soil sampling |
| ___ Record keeping | ___ Equipment calibration |

 Please complete and return to:
 NICCA
 PO BOX 412
 KEARNEY NE 68848-0412
 OR
 office@nebraskacropconsultants.org

FOR USE BY MEMBERSHIP COMMITTEE	
Date dues (\$100 Independent, Associate and Commercial Consultant) received _____	
Date Dues (\$65 Allied) received _____	
Date(s) Application Examined _____	
Date of Approval _____	
SIGNED _____	
	(Chairman of Membership Committee)