

NEBRASKA CROP IMPROVEMENT ASSOCIATION

APPLICATION FOR MEMBERSHIP

I hereby request membership in the
Nebraska Crop Improvement Association as a:

If Contract Grower, for whom?

I will remit the appropriate fees before application will be processed. I understand this entitles me to all the rights and privileges accorded to members of the Nebraska Crop Improvement Association as prescribed by the Board of Directors

COMPANY NAME

CONTACT NAME COUNTY

ADDRESS

CITY STATE ZIP TELEPHONE

FAX CELL PHONE E-MAIL

NOTE: Membership fees are paid only once per year and are due on January 1. Applications will not be processed without a Membership Fee. Make checks payable to:

Nebraska Crop Improvement Association
PO Box 830911
Lincoln, NE 68583-0911

I need this number of FORM A (Declaration of Eligible Seed Fields).

REFERENCES (Include at least one bank or lending institution.)

NAME

NAME

ADDRESS

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

TELEPHONE

TELEPHONE

By signing below, I agree to follow all rules and regulations for producing, handling, and conditioning certified seed applicable to my membership status. I understand that in order for the certification program to be successful and grow, certified seed must meet the quality standards and be promoted at all times to the best of my ability.

I agree to be liable for all fees and charges rendered by the Association for services requested by me. It is understood that membership must be renewed each succeeding year.

Signature

Date