## **NEBRASKA CROP IMPROVEMENT ASSOCIATION**

## **APPLICATION FOR MEMBERSHIP**

I hereby request memb	ership in the Nebraska Crop Imp	provement As	sociation as a:	
	corded to members of the Nebra		I understand this entitles me to all the provement Association as prescribed	
COMPANY NAME				
CONTACT NAME		COUNTY		
ADDRESS				
			TELEPHONE	
FAX	CELL PHONE	E	-MAIL	
	es are paid only once per year ar embership Fee. Make checks pa		n January 1. Applications will not be	
DEFEDENCES (In alred	Nebraska Crop Impro PO Box Lincoln, NE	830911 68583-0911	ociation	
`	e at least one bank or lending ins	ŕ		
			ss	
		CITY/STATE/ZIP		
			ONE	
By signing below, I agree seed applicable to my resuccessful and grow, confirm of my ability. I must has System. www.necroper.	ee to follow all rules and regulation nembership status. I understand ertified seed must meet the qualic ve an email address and have boorg	ons for produ I that in orde ty standards internet to a the Associat	icing, handling, and conditioning certified r for the certification program to be and be promoted at all times to the best access the Nebraska Seed Tracking tion for services requested by me. It is	
Signatur	e	Da	ate	