

# NuPride Genetics Network

## Application for Dealer Membership

I hereby request to be considered for a Dealer membership in NuPride Genetics Network (NGN). I understand the limitations and conditions of becoming a Dealer member of NuPride Genetics Network.

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Check the appropriate box(s).

- The above name/company has produced licensed seed each of the previous three years.
- The above name/company has produced certified seed each of the previous three years and is a member in good standing of their state Crop Improvement Association.
- The above name/company is an approved seed conditioner who has a continuous record of conditioning and/or merchandising certified seed for the past ten years.
- The above name/company has a continuous record of merchandising licenced seed for the past three years.

*By signing below, I agree to follow all rules and regulations for handling, and selling NGN varieties. I also understand that being a Dealer does not allow me to produce my own seed for sale. I understand that in order for the NuPride program to be successful and grow, NuPride varieties must meet the quality assurance standards and be promoted at all times to the best of my abilities.*

*I agree to meet all conditions and be responsible for all costs associated with being a Dealer member of NuPride Genetics Network.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Approved \_\_\_\_\_

Fee Received \_\_\_\_\_

Application Sent \_\_\_\_\_