NuPride Genetics Network

Application for Membership

I hereby request membership in the NuPride Genetics Network. I am a member in good standing of the Nebraska Crop Improvement Association and meet membership requirements of NuPride Genetics Network.

Company	
Contact Person	
Address	
Town	State Zip
Telephone	Email

Check the appropriate box(s).

- The above name/company has produced certified seed of at least one crop each of the previous three years, and am considered a class one grower by the NCIA.
- □ The above name/company is an approved seed conditioner sho has a continuous record of conditioning and/or merchandising certified seed for the past ten years.

✓ Initial Membership - \$500.00 Renewal - \$100.00

By signing below, I agree to follow all rules and regulations for producing, handling, and conditioning NGN varieties. 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 to be responsible for all costs associated with being a NuPride Genetics Network partner.

SIGNATURE

DATE

FOR OFFICE USE ONLY
Approved_____ Fee Received_____ Applic

Application Sent