

NEBRASKA CROP IMPROVEMENT ASSOCIATION**APPLICATION FOR MEMBERSHIP**

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

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

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 must have an email address and have internet to access the Nebraska Seed Tracking System. www.necrop.org**

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 _____