

MEMBERSHIP APPLICATION



NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS

349 East Nolley Drive • Collierville, TN 38017
Phone: (901) 861-0511 • Fax: (901) 861-0512
E-mail: JonesNAICC@aol.com • www.naicc.org

Please see inside for membership categories. Applicants for Student or Retired categories complete section A only. Voting, Associate, and Provisional applicants complete sections A and B.

SECTION A NAME _____

APPLYING FOR: COMPANY _____

Provisional ADDRESS _____

Voting CITY _____ STATE _____ ZIP _____

Associate OFFICE _____ HOME _____

Student FAX _____ MOBILE _____

Retired E-MAIL _____

SECTION B Does your state have a crop consulting association? Yes No

If yes, are you a member in good standing? Yes No

State Certification# _____ Category _____

State License# _____ Category _____

EDUCATION: COLLEGE OR UNIVERSITY _____ MAJOR _____

DEGREE _____ DATE RECEIVED _____

EXPERIENCE: List briefly since graduation from college or during past ten years. Attach additional sheet if needed.

Employer Name and Address _____

Position Description _____

_____ Length of Service _____

**INDEPENDENT
CONSULTING
EXPERIENCE:**

1. Date on which independent crop consulting for a fee was first performed _____

2. Please indicate the approximate amount of time spent consulting for a fee during the last four years.

Current year _____% Last year _____% Previous years _____%

3. Number of years prior to the last four years that you were engaged in consulting activities _____

4. Describe your field of consultation or specialty during the last four years. Include crops consulted and services provided _____

5.a. Do you provide recommendations and/or technical data to clients on a fee basis? Yes No

b. Are your fees itemized and billed to the client? Yes No

c. Do you currently receive any compensation from a client's purchase of products* based on your recommendations or data? Yes No

***Definitions of Products:**

- *Inorganic or organic fertilizers or soil amendments*
- *Seed or plant materials*
- *Commercially available equipment, machinery, or implements*
- *Chemical or biological pest control inputs*
- *Animal feed or medicinal products*

d. If you are employed by a company, is your compensation supplemented or subsidized by income derived from the sale of products, as defined above? Yes No

6. A secondary review mechanism is available to be utilized in cases in which either the applicant or the membership committee is uncertain whether the applicant meets the criteria described. If you are uncertain of your eligibility and request more detailed information, please indicate. Yes, I'm uncertain of my eligibility.

Please give names and addresses of five of your clients. If work was for a company, give the name of the individual for whom you worked. Please fill in completely.

| NAME | COMPANY | ADDRESS | CITY/STATE | ZIP | PHONE |
|------|---------|---------|------------|-------|-------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |

List professional registries and associations in which you are active or hold membership.

MEMBERSHIP CATEGORIES

VOTING MEMBER

is an individual who: (a.) is an independent crop consultant/contract researcher/quality assurance officer involved in the agricultural industry providing recommendations and/or technical data for a fee that is itemized and billed to clients; and who receives no compensation from a client's purchase of products based on those recommendations and/or data and further, if compensated as an employee, whose compensation is not subsidized or supplemented by any portion of the employer's revenue which is derived from the sale of products. Products are defined as including, but not limited to: inorganic or organic soil amendments; seed or plant materials; commercially available equipment, machinery, or implements; chemical or biological pest control inputs and/or animal feed or medicinal products; and (b.) possesses a four-year college degree in an appropriate field of study (or has attained ten years or more of experience as an independent crop consultant or contract researcher); and (c.) has had a minimum of four years of experience as an independent crop consultant, one year of which may be substituted by a Masters degree or two years by a Ph.D. degree; or six years of non-consulting experience in an appropriate field may be substituted for two years experience as an independent crop consultant or contract researcher; and (d.) has provided references of individuals or other entities for whom the candidate has personally provided consultation and/or research services; and (e.) has agreed with the objectives of the Alliance; and (f.) has agreed in writing to conform to the Code of Ethics of the Alliance.

ASSOCIATE MEMBER

is an individual who: (a.) possesses a four-year college degree in an appropriate field of study (or has attained ten or more years of experience as a crop consultant or contract researcher); and (b.) has had a minimum of four year of experience as a crop consultant, one year of which may be substituted by a Masters degree or two years by a Ph.D. degree; or six years of non-consulting experience in an appropriate field may be substituted for two years experience as a crop consultant; or (c.) whose service on the staff of a public institution or agency preclude Voting Membership.

PROVISIONAL MEMBER

is an individual who wishes to support the mission and goals of the Alliance. It is possible, though not necessary, to move to other membership categories when specific requirements are satisfied.

STUDENT MEMBER

is an individual enrolled in an academic training program.

RETIRED MEMBER

is an individual who is retired from active crop consulting and/or contract research, and previously held Voting Member status in the Alliance for at least three years.

SPONSORS: **Provisional and Voting Members Only.** Please list two NAICC members as sponsors

| NAME | ADDRESS | CITY | STATE/ZIP | PHONE |
|------|---------|-------|-----------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

PUBLICITY: List names and addresses of local newspapers where press releases can be sent:

| NAME | ADDRESS | CITY | STATE/ZIP | PHONE |
|------|---------|-------|-----------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

ACKNOWLEDGEMENT AND SIGNATURE: *I certify that all preceding information is accurate to the best of my knowledge. I have read, understand, and agree to comply with the Bylaws and Code of Ethics for the National Alliance of Independent Crop Consultants.*

Signed _____ Date _____

MEMBERSHIP DUES:

| | |
|---|----------|
| Provisional/Voting/Associate | \$225.00 |
| Additional Provisional/Voting/Associate Member from Same Company* | \$175.00 |

Name of First Member: _____

* Multi-Member Discount: If your company has two or more employees that are NAICC members or who are eligible for membership, your company qualifies for the \$50 multi-member discount. The first member from the company pays full membership dues of \$200. Each employee after the first pays membership dues of \$175.

| | |
|----------------|----------|
| Student | \$ 10.00 |
| Retired Status | \$ 65.00 |

NAICC requires a \$25.00 application fee in addition to membership dues to cover processing and membership evaluation. This non-refundable fee should be enclosed with this application (does not apply to students.)

| | |
|---|----------|
| APPLICATION FEE (Does not apply to students) | \$ 25.00 |
| MEMBERSHIP DUES | \$ _____ |
| TOTAL AMOUNT ENCLOSED | \$ _____ |

Please return completed application, application fee and dues payment to:

NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS
Attn.: Membership Committee
349 East Nolley Drive • Collierville, TN 38017 • (901) 861-0511

FOR OFFICE USE ONLY:

Date application received: _____
Class of membership for which individual is qualified:
Provisional Voting Associate Student Retired

Membership Review Committee—Activity/Person _____

Date: _____ Recommended for membership: Yes No

Comments by committee members: _____