



# NICCA

## MEMBERSHIP APPLICATION

NEBRASKA INDEPENDENT CROP CONSULTANT ASSOCIATION

<http://www.nebraskacropconsultants.org> Office: 308 236-6343 Fax: 308 236-6878

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

### Applying for

\_\_\_ **Independent Member** (4 year degree, 2 years consulting experience, independent and must possess a Commercial Pesticide Applicators License from EPA) 3 client references are required

\_\_\_ **Associate Member** (2 year degree, presently consulting and independent) 5 client references are required

\_\_\_ **Commercial Consultant** (4 year degree, 2 years consulting experience, derives income from the sale of an agricultural input product and must possess a commercial Pesticide Applicators License from EPA) 3 client references are required

\_\_\_ **Allied** (organization sells a product or service) No client references are required

\_\_\_ **University Liaison** (Designated members of the Cooperative Extension Service) No client references are required

My employer is \_\_\_\_\_ My title or position is \_\_\_\_\_

### Business mailing address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_

Email \_\_\_\_\_

### List your educational qualifications

College or University      Year(s) Graduated

\_\_\_\_\_  
\_\_\_\_\_

Degree(s)

\_\_\_\_\_  
\_\_\_\_\_

Major

\_\_\_\_\_  
\_\_\_\_\_

### Consulting experience

\_\_\_\_\_  
\_\_\_\_\_

### (types and years)

\_\_\_\_\_  
\_\_\_\_\_

### Client References

### Phone #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Services offered: (for consultants only)

- |                           |                           |
|---------------------------|---------------------------|
| ___ Soil fertility        | ___ Pest management       |
| ___ Crop planning         | ___ Variety selection     |
| ___ Irrigation scheduling | ___ Contract research     |
| ___ Water sampling        | ___ Soil sampling         |
| ___ Record keeping        | ___ Equipment calibration |

Press submit to email this form to the membership committee OR mail to:

NICCA  
PO BOX 412  
Kearney NE 68848-0412

### FOR USE BY MEMBERSHIP COMMITTEE

Date dues (\$75 Independent, Associate and Commercial Consultant) received \_\_\_\_\_

Date Dues (\$50 Allied) received \_\_\_\_\_

Date(s) Application Examined \_\_\_\_\_

Date of Approval \_\_\_\_\_

SIGNED \_\_\_\_\_

(Chairman of Membership Committee)