



Membership Application Form

American Society of Agricultural Consultants

Name

Job Title

Business Name

Business Address

City

State

Zip

Business Phone

Email

Home Address

City

State

Zip

Home (Cell) Phone

All correspondence will be mailed to business address unless otherwise noted.

Please send correspondence to: Home Business

I am applying for membership in the following classification (check one):

Consultants: Active Retired

Associate: Sustaining Student

Degree/Major

College or University

Date Received

(please list most recent degree first)

Mail or email the application to: American Society of Agricultural Consultants (ASAC),
N78W14573 Appleton Ave #287 evp@agconsultants.org
Phone: (262) 502-9034



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Independent Consulting Experience

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

Current year: _____% Last year: _____% Previous 2 years: _____%

Describe your field of consultation or specialty during the last four years.

Experience – Briefly list your work experience since graduation from college or during the past 15 years (or attach a resume /Vita^e). (Please attach additional pages if needed.)

List other professional associations in which you are active or hold a current membership.

Explain services offered, products produced, etc. by your company and your responsibilities within the company (for Associate: Allied & Sustaining Members).

Referred for membership by (if applicable):

I hereby make application for membership and if accepted, agree to be governed by the Articles and Bylaws, Regulations and Code of Ethics of the American Society of Agricultural Consultants. Should I violate same, I agree to accept suspension, expulsion or disciplinary action as provided by the Bylaws.

Signature

Date

Name of Applicant (Please print full name)

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