

## **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:	[	] Allied	[	] Sustaining	[	] Student	
Degree/Major	College or University			Date Received			
(please list most recent deg	ree first)						

Mail or email the application to: American Society of Agricultural Consultants (ASAC),

PO Box 785, Ankeny, Iowa 50021. evp@agconsultants.org

Phone: (515) 633-7993



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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.
<b>Experience</b> – Briefly list your work experience since graduation from college or during the past 15 years (or attach a resume /Vitae). (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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