



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 degree first)

Mail or email the application to: American Society of Agricultural Consultants (ASAC),
126 West Main Street, New Prague, Minnesota 56071. evp@agconsultants.org
Phone: (952) 855-8705



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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). (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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