

MEMBERSHIP APPLICATION



NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS

P.O. Box 209 • Vonore, TN 37885
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CONTRACT RESEARCHER

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 _____

COMPANY _____

APPLYING FOR:

Provisional

ADDRESS _____

Voting

CITY _____ STATE _____ ZIP _____

Associate

OFFICE _____ HOME _____

Student

FAX _____ MOBILE _____

Retired

E-MAIL _____

APPLICATOR LICENSE AND/OR CERTIFICATION _____

SECTION B

EDUCATION:

COLLEGE OR UNIVERSITY _____ MAJOR _____

DEGREE _____ DATE RECEIVED _____

EXPERIENCE:

List briefly since graduation from college or during past ten years or attach current curricula vitae.

PRESENT EMPLOYER:

Name _____

Address _____

City _____ State _____ Zip _____

Employed here since _____

PROFESSIONAL EXPERIENCE: 1. Date on which work was first performed in the contract research field _____

2. Please indicate the approximate amount of time spent in the contract research area 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 contract research activities _____

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

a. If not, what services for a fee do you provide? _____

5. 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 please review the NAICC Bylaws or request more detailed information. Yes, I'm uncertain of my eligibility

REFERENCES: Please give names and addresses of five of your clients. If work was for a company within the past 3 years, give the name of the individual (Study Director, etc.) who contracted the work. Please fill in completely. These references should be able to verify the information you provided above.

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: _____

Please indicate your GLP Region(s) for the membership directory listings: _____

Please indicate if you were recruited by a current NAICC member: _____
(name of NAICC member)

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. _____	_____	_____	_____	_____

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	\$260.00
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 \$ 25.00
(Does not apply to students)

MEMBERSHIP DUES \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

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

NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS
Attn.: Membership Committee
P.O. Box 209 • Vonore, TN 37885 • (901) 861-0511

FOR OFFICE USE ONLY:

Date application received: _____

Class of membership for which individual is qualified:

Provisional **Voting** **Associate** **Student** **Retired**

Date: _____

Recommended for membership: Yes No