

# MEMBERSHIP APPLICATION



## NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS

P.O. Box 209 • Vonore, TN 37885  
Phone: (901) 861-0511 • Fax: (423) 264-0071  
E-mail: AlisonJones@naicc.org • www.naicc.org

*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 \_\_\_\_\_

**APPLYING FOR:** COMPANY \_\_\_\_\_

**Provisional** ADDRESS \_\_\_\_\_

**Voting** CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Associate** OFFICE \_\_\_\_\_ HOME \_\_\_\_\_

**Student** FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

**Retired** E-MAIL \_\_\_\_\_

**SECTION B** Does your state have a crop consulting association?  Yes  No

If yes, are you a member in good standing?  Yes  No

State Certification# \_\_\_\_\_ Category \_\_\_\_\_

State License# \_\_\_\_\_ Category \_\_\_\_\_

**EDUCATION:** COLLEGE OR UNIVERSITY \_\_\_\_\_ MAJOR \_\_\_\_\_

DEGREE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**EXPERIENCE:** List briefly since graduation from college or during past ten years. Attach additional sheet if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer Name and Address \_\_\_\_\_

\_\_\_\_\_

Position Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Length of Service \_\_\_\_\_

**INDEPENDENT  
CONSULTING  
EXPERIENCE:**

1. Date on which independent crop consulting for a fee was first performed \_\_\_\_\_

2. Please indicate the approximate amount of time spent consulting for a fee 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 consulting activities \_\_\_\_\_

4. Describe your field of consultation or specialty during the last four years. Include crops consulted and services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b. Are your fees itemized and billed to the client?     Yes     No

c. Do you currently receive any compensation from a client's purchase of products\* based on your recommendations or data?     Yes     No

**\*Definitions of Products:**

- *Inorganic or organic fertilizers or soil amendments*
- *Seed or plant materials*
- *Commercially available equipment, machinery, or implements*
- *Chemical or biological pest control inputs*
- *Animal feed or medicinal products*

d. If you are employed by a company, is your compensation supplemented or subsidized by income derived from the sale of products, as defined above?     Yes     No

6. 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 and request more detailed information, please indicate.     Yes, I'm uncertain of my eligibility.

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Please give names and addresses of five of your clients. If work was for a company, give the name of the individual for whom you worked. Please fill in completely.

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.

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

## 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 Master's 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 Master's 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.

Please indicate if you were recruited by a current NAICC member: \_\_\_\_\_  
(Name of Member)

SPONSORS: **Provisional and Voting Members Only.** Please list two NAICC members as sponsors

NAME	ADDRESS	CITY	STATE/ZIP	PHONE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

**PUBLICITY:** List names and addresses of local newspapers where press releases can be sent:

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:**

Voting/Provisional/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 207 • 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