



Application for Membership Iowa Independent Crop Consultants Association

Name _____

Organization _____

Title _____

Work Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

Membership Class *please check one*

☐ Voting - Certified (\$75) ☐ Provisional (\$75) ☐ Student (\$10) ☐ Affiliate (\$50)

☐ Voting – Non-Certified (\$75) ☐ Academic (\$50) ☐ Sustaining (\$300) – *see other form*

Education

Highest Degree Attained _____ Date Received _____

College or University _____ Major _____

Academic Members

List your position and classification if connected with a college or university: _____

Year Started as Independent Consultant for *Voting & Provisional Membership status* _____

Independent Consulting Business *for Voting & Provisional Membership status*

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

Current year _____% Last Year _____% Previous Year _____%

- Number of years, prior to the last four, that you were engaged in consulting _____ years

During this time, approximate percentage of time spent consulting for a fee. _____%

- Describe your field consultation specialty during the last four years: _____

- In addition to a consulting fee, do you receive other income related directly, or indirectly, to your consulting service, such as product sales? Yes / No

continued...

- If yes, how do you prevent such income from conflicting with your services as an independent consultant? _____

- List the names and complete mailing address of three clients you have served during the past four years. If the work was for a company, list the name of the individual for whom you worked.

Name	Company	City	State	Phone

Previous Work Experience

Briefly list work experience since graduation, or during last 15 years:

Employer Name	Address	Duties	Duration

Professional Associations

List professional organizations in which you are active or hold a membership:

Laboratory Services

If you operate a laboratory, please explain facilities and services offered:

Current Job Duties

Explain Services offered, products produced, etc. of your company, and your responsibilities within the company: _____

I CERTIFY THAT ALL ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I AGREE TO COMPLY WITH THE CODE OF ETHICS FOR THE IOWA INDEPENDENT CROP CONSULTANTS ASSOCIATION.

Signature

Date

4 I have enclosed my \$_____ membership fee.

Send completed application to:

Gina McClintock, Executive Director, IICCA
1626 Timber Avenue, Charles City, IA 50616
641-228-7054 - home
641-330-8370 - cell
bmpag@rconnect.com