



## Application for Sustaining Membership Iowa Independent Crop Consultants Association

- ◆ A Sustaining Membership will provide IICCA newsletters and mailings up to three company representatives. The three representatives will be included on Sustaining Member portion of the IICCA website and Membership Directory brochure.
- ◆ If additional company representatives wish to receive the newsletter, they may become Affiliate Members, which will allow them to be listed in the Membership Directory.
- ◆ Sustaining Membership dues must be paid in full before being scheduled to present at either the Fall Tech Update or Spring Tech Update/Annual Meeting.

Name (Rep 1) \_\_\_\_\_

Organization \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Name (Rep 2) \_\_\_\_\_

Organization \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Name (Rep 3) \_\_\_\_\_

Organization \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Application \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

Please remit the \$300 sustaining membership dues with your application. Make checks payable to IICCA

**Return form & payment to:** Gina McClintock ◆ 1626 Timber Avenue ◆ Charles City, IA ◆ 50616  
641/228-7054 (Home) ◆ 641/330-8370 (Cell) ◆ [bmpag@rconnect.com](mailto:bmpag@rconnect.com)



## Application for Meeting Presentation Iowa Independent Crop Consultants Association

- ◆ Sustaining Members can present a technical update at either the Fall Tech Update or March Tech Update IICCA meeting.
- ◆ The IICCA asks that you present technical and research information, not a sales pitch of pricing programs. New products and future technologies should be addressed. The members are more interested in what's new, than what is currently on the market. If possible, a technical rep would be an appropriate presenter.

**I wish to present at:** choose one

- ☐ Fall/Winter IICCA Meeting
- ☐ Spring IICCA Meeting

**I prefer to speak in the:**

- ☐ Morning
- ☐ Afternoon
- ☐ No preference

**A display table is *gratis* for the meeting at which you present.**

**I wish to have a display table at:**

- ☐ Fall/Winter IICCA Meeting (\$25 fee if not presenting)
- ☐ Spring IICCA Meeting (\$25 fee if not presenting)

Presenter's name \_\_\_\_\_

Organization \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Date of Application \_\_\_\_\_ Amount enclosed \$ \_\_\_\_\_

- 4 Please remit the \$300 sustaining membership dues, and, if desired, the \$25 booth fee with your application. Make checks payable to IICCA.
- 4 When the schedule has been finalized, it will be sent to all members and presenters.

**This form is both for reserving a presentation time and for preregistering to attend a meeting.**

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